

Health and Human Services Commission
Department of State Health Services
State Hospitals Section
Mission, Vision, Goals and
2008 Work Plan

Statewide Performance Indicators
1st Quarter FY 2008

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THE MISSION OF TEXAS STATE GOVERNMENT

Texas state government must be limited, efficient and completely accountable. It will foster opportunity and economic prosperity, focus on critical priorities and support the creation of strong family environments for our children. The stewards of the public trust will be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

HHS SYSTEM MISSION

The mission of health and human services agencies in Texas is to develop and administer an accessible, effective, efficient health and human services delivery system that is beneficial and responsive to the people of Texas.

HHS SYSTEM PHILOSOPHY

Every Texan should be able to access and utilize available health and human services provided by State agencies in the most integrated, cost-effective setting possible. The Texas Health and Human Services system is dedicated to developing client-focused program and policy initiatives that are relevant, timely and within the means of the tax payers of the State of Texas. The HHS system will advocate for client-choice, appropriate funding and streamlined service delivery. Additionally, we hold to these guiding principles:

Every person, regardless of income, race, ethnicity, physical or mental limitations, gender, religion or age, is entitled to dignity, independence and respect,

Texans deserve openness, fairness and the highest ethical standards from us, their public servants,

Taxpayers and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability,

We work in partnership with lawmakers, agency personnel, customers, service providers and the public to continually improve the quality of our service.

HHS SYSTEM STRATEGIC GOALS

The following system strategic goals represent a unifying element for the system as a whole.

Preserve, enhance and maintain independence:

Enable the aging, people with disabilities, including those with mental retardation and other developmental conditions, to live as independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings.

Promote and protect good health:

Protect public health and promote the overall physical and mental health of Texans through the provision of education, early intervention, substance abuse treatment, health insurance and appropriate health services for eligible populations.

Achieve economic self-sufficiency:

Enable low-income individuals and clients of family violence, refugee and vocational rehabilitation programs to achieve self-sufficiency for themselves and their families by providing income assistance and/or related support services necessary on a temporary basis.

Ensure safety and dignity:

Ensure safety and protection from abuse, neglect or exploitation of children and adults through comprehensive regulatory and enforcement systems that include certification, training and assistance to health and child care providers and personnel.

HEALTH AND HUMAN SERVICES COMMISSION

VISION

Through the Texas Health and Human Services Commission's strategic direction and leadership, we envision a coordinated health and human services system that ensures quality services, cost-effective service delivery and careful stewardship of public resources. HHSC will direct and support collaboration and partnerships of agencies with consumers and local communities to establish systems that support individual choices and personal responsibility.

MISSION

The mission of the Texas Health and Human Services Commission is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

HEALTH AND HUMAN SERVICES

OVERVIEW

The enactment of House Bill 2292 (H.B. 2292), 78th Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system.

This legislation required the consolidation of administrative and service delivery structures and policy changes to address higher demands for services with limited funds. It also required new mechanisms, such as outsourcing, to achieve greater efficiency and effectiveness of the system as a whole.

In addition, H.B. 2292 provided the authority to ensure effective implementation of these changes by expanding the leadership role of HHSC and the Executive Commissioner for Health and Human Services. House Bill 2292 abolished 10 of 12 existing HHS agencies and transferred their powers and duties into four new agencies and to the Health and Human Services Commission.

Thus, the consolidated HHS system is composed of the following five entities:

- ▶ Health and Human Services Commission (HHSC),
- ▶ Department of Aging and Disability Services (DADS),
- ▶ Department of Assistive and Rehabilitative Services (DARS),
- ▶ Department of Family and Protective Services (DFPS), and
- ▶ Department of State Health Services (DSHS).

DEPARTMENT OF STATE HEALTH SERVICES (DSHS)

VISION

Texans have access to effectively delivered public health, medical care, mental health and substance abuse services and all Texans live and work in safe, healthy communities.

MISSION

To promote optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans.

DSHS SCOPE

The Department of State Health Services (DSHS) administers and regulates health, mental health and substance abuse programs. The Department began its formal operations September 1, 2004.

DSHS MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION

VISION

Sound mind, sound body for all Texans.

MISSION

Provide statewide leadership, direction and oversight for services to help Texans prevent mental health or substance abuse problems, build resiliency and facilitate recovery in their own home or community.

DSHS STATE HOSPITALS SECTION

VISION

The State Hospitals Section will be a partnership of consumers, family members, volunteers, policy makers and service providers that work together to provide quality services that are responsive to each patient's needs and preferences in eleven state hospitals.

STATE HOSPITALS WILL BE RECOGNIZED AS PROVIDING QUALITY

- SERVICE
- TRAINING
- WORK ENVIRONMENT

HOW DO WE KNOW QUALITY SERVICES ARE BEING PROVIDED?				
Customers Are Asked	Accreditation and Certification Are Maintained	Key Functions of State Hospitals Are Identified and Measurable Performance Indicators Are Established	Priority Focus Areas Are Reviewed	Qualified and Diverse Workforce Are Maintained
<ul style="list-style-type: none"> - Patients - Families - Guardians - LMHA's and LMRAs - Courts - Staff - Legislature - Advocates - Third Party Payers - Volunteers - Students - Hospital Districts - Regional Public Health Authority - Department of Aging and Disability Services State Schools for Mental Retardation 	<ul style="list-style-type: none"> - Medicare - Joint Commission - Medicaid - ICF/MR - CAP - Agency Clinical & Administrative Performance Indicator - Compliance 	<p><u>Patient-Focused Functions</u></p> <p>A1 Ethics, Rights, & Responsibilities A2 Provision of Care A3 Continuity of Care A4 Medication Management A5 Surveillance, Prevention & Control of Infection</p> <p><u>Organizational Functions</u></p> <p>B1 Leadership B2 Management of Information B3 Management of Human Resources B4 Management of Environment B5 Improving Organizational Performance Through Customer Satisfaction</p> <p><u>Structures with Functions</u></p> <p>C1 Medical Staff C2 Nursing</p>	<ul style="list-style-type: none"> - Assessment and Care/Services - Communication - Credentialed Practitioners - Equipment Use - Infection Control - Information Management - Medication Management - Organization Structure - Orientation and Training - Rights and Ethics - Physical Environment - Quality Improvements - Expertise & Activity - Patient Safety - Staffing 	<p>Assess Competence *Skills/Job Professional & Cultural</p> <p>Assess Performance *Grant clinical Privileges *Set expectations for education & training & ensure this continuing knowledge acquisition process *Implement strategies to ensure our workforce is - recognized - treated - rewarded in a manner that reflects a commitment to valuing workforce diversity.</p>

STATE HOSPITALS SECTION

FY2008 MANAGEMENT PLAN

The State Hospitals Section FY 2008 Management Plan has been divided into performance objectives and performance measures.

PERFORMANCE OBJECTIVES:

Involve activities where specific tasks are to be performed; or, a specific purpose is to be achieved.

PERFORMANCE MEASURES:

Involve the presentation of data that will be monitored, analyzed for variation and used as the basis for continuous improvement.

REQUIRED REPORTING TO GOVERNING BODY:

All performance objectives and measures that are in **bold print** are required to be reported at Governing Body Meetings.

All performance objectives and measures in **BOLD PRINT AND CAPS** are “Statewide Performance Indicators”, and have specific operational definitions approved by the Director of State Hospitals Section. Reports on these “Statewide Performance Indicators” are prepared by the Hospital Management Data Services of the State Hospitals Section.

HEALTH & HUMAN SERVICES COMMISSION DEPARTMENT

**STATE HEALTH SERVICES MENTAL HEALTH &
SUBSTANCE ABUSE DIVISION**

STATE HOSPITALS SECTION

GOALS AND PERFORMANCE OBJECTIVES AND MEASURES

GOAL 1

PROVIDE LEADERSHIP:

The leadership of the state hospitals will provide the framework for planning, directing, coordinating, providing and improving services which are cost effective and responsive to community and patient needs and improve patient outcomes. A governing body and management structure will ensure that the organization provides quality services in a culture focused on a safe and therapeutic environment. This goal also addresses the relationship between the Superintendent and the Chief Executive Officer and the functional responsibilities of executive level management. Specific management responsibilities include maintaining and/or setting up the structure needed for effective operations; establishing an integrated safety program; developing information and support systems; recruiting and maintaining appropriately trained staff; conserving physical and financial assets; and, maximizing reimbursement potential.

Performance Objectives:

Key Functions

- A. EACH STATE HOSPITAL WILL MONITOR OUTSIDE MEDICAL COSTS FOR CIVIL AND FORENSIC PATIENTS USING THE OUTSIDE MEDICAL COST WEB DATABASE AND REPORT FINDINGS TO THE GOVERNING BODY. **B1**
- B. STATE HOSPITALS WILL MAINTAIN JOINT COMMISSION ACCREDITATION, MEDICARE CERTIFICATION, INSTITUTE OF MENTAL DISEASES (IMD) CERTIFICATION AND INTERMEDIATE CARE FACILITY-MENTAL RETARDATION (ICF/MR) CERTIFICATION (where appropriate) DURING FY 2008. **B1**
- C. FY 2008 REVENUE TARGETS FOR MEDICARE, TEXAS HEALTH STEPS, INSTITUTE FOR MENTAL DISEASES (IMD), AND PRIVATE SOURCE FUNDS WILL BE MET BY EACH STATE HOSPITAL, SO AS, TO SATISFY SPECIFIC METHODS OF FINANCE. **B1**

- D. The State Hospitals Section will update the Funding Methodology which identifies the relationship between the State Mental Health Hospitals and the Local Mental Health Authority (LMHA), no later than July 1, 2008. **B1**
- E. **EACH STATE HOSPITAL INPATIENT SERVICES WILL OPERATE A PROJECTED GENERAL REVENUE AVERAGE DAILY CENSUS (ADC) AND THIRD PARTY ADC WITHIN THE FUNDS THAT ARE ALLOCATED AND PROJECTED.** **B1**
- F. The State Hospitals FY09 Governing Body Bylaws Template will be revised and approved by August 1, 2008. **B1**
- G. **Each State Hospital will analyze integrated safety programs according to Joint Commission standards and state regulatory requirements and report annually to the Governing Body.** **B1**
- H. State Hospitals Section will work with DSHS and DADS to develop a funding methodology for patients admitted on consignment from the state school system. **B1**
- I. **Each State Hospital will develop a plan to monitor patient flow process from the time of arrival at the hospital to the time the patient arrives on the unit. The plan shall include the identification of any barriers to improving patient flow and any opportunities and activities to improve patient flow.** **B1**
- J. The Forensic Committee will review and update the “Forensic Standards and Curriculum Workgroup Final Report and Recommendations” as needed. **B1**
- K. The Forensic Committee will review the new forensic performance indicators and report findings to the Executive Committee of the Governing Body. **B1**

Performance Measures:

Key Functions

- A. **AVERAGE COST PER PATIENT SERVED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- B. **AVERAGE COST PER OCCUPIED BED WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- C. **AVERAGE DAILY CENSUS OF CAMPUS-BASED SERVICES WILL BE CALCULATED AND REPORTED FOR EACH STATE HOSPITAL.** **B1**
- D. **NUMBER OF INPATIENT DAYS AT TCID WILL BE CALCULATED AND REPORTED.** **B1**

- E. **Texas Center for Infectious Disease (TCID) and Rio Grande State Center/ South Texas Healthcare System (RGSC/STHCS) average cost of outpatient visits will be calculated and reported to the Governing Body.** **B1**
- F. **Texas Center for Infectious Disease (TCID) contract cost will be calculated and reported to the Governing Body.** **B1**

GOAL 2

RECOGNIZE AND RESPECT THE RIGHTS OF EACH PATIENT BY CONDUCTING BUSINESS IN AN ETHICAL MANNER:

Patients deserve care, treatment and services that safeguard their personal dignity and respect their cultural, psychological and spiritual values. The ethics, rights and responsibilities function is to improve care, treatment, services and outcomes by recognizing and respecting the rights of each patient and by conducting business in the ethical manner. The State Hospitals will assure that each patient is respected and recognized in the provision of treatment and care in accordance with fundamental human, civil, constitutional and statutory rights. Patients, and when appropriate, their families are informed about outcomes of care including unanticipated outcomes.

Performance Objectives:

Key Functions

- A. **STATE HOSPITALS WILL DEMONSTRATE A DOWNWARD TREND OF CONFIRMED ALLEGATIONS OF ABUSE OR NEGLECT.** **A1**
- B. **Each State Hospital will report the findings of all Medicare and Joint Commission complaint visits/contacts. Plans of correction for substantiated complaints will be evaluated by the Clinical Performance Indicator Committee (CPIC) to identify system issues and/or opportunities for system improvements.** **A1**
- C. **EACH STATE HOSPITAL WILL ANALYZE PATIENT COMPLAINTS.** **A1**
- D. **The COC will review best practices concerning the recovery model and peer support services and recommend a strategy for implementation in the state hospital system by May 1, 2008.**

GOAL 3

PROVIDE INDIVIDUALIZED AND EVIDENCE BASED TREATMENT:

The State Hospitals will ensure hospital staff, in conjunction with the patients and patient's local health authority, determine individualized treatment through comprehensive assessment. Data will be collected to assess each patient's needs and analyzed to create the information necessary to match evidence based treatment described from analysis of the

information gathered from the patient, the family, hospital staff and/or local health authority. Treatment priorities will be established on the assessment findings. Patients will be involved in their treatment and patients' family (with the patient's authorization when appropriate) will be educated in order to improve patient outcomes. The highest quality individualized, planned and evidence based-treatment will be provided.

Performance Objectives:

Key Functions

- A. **EACH STATE HOSPITAL WILL DEMONSTRATE A DOWNWARD TREND IN THE USE OF RESTRAINTS AND/OR SECLUSION.** A1,A2
- B. **THE BEHAVIORAL RESTRAINT AND SECLUSION MONITORING INSTRUMENT WILL BE UTILIZED TO ASSURE THE CORRECT DOCUMENTATION OF IMPLEMENTATION OF RESTRAINT AND SECLUSION WHEN THESE PROCEDURES ARE CLINICALLY INDICATED.** A2
- C. **Each State Hospital will implement the plan described in the State Hospitals Section "Guidelines for Managing Obesity and Blood Glucose Levels" for individuals receiving new generation antipsychotic medications and report plan progress to the Governing Body.** A2
- D. **Body Mass Index (BMI) will be calculated on all individuals receiving new generation antipsychotic medication at the time of admission, monthly for the first six months, quarterly when the dose is stable and again at discharge.** A2
- E. **PATIENTS WILL BE TREATED IN ACCORDANCE WITH TIMA GUIDELINES AS MEASURED BY:**
 - **ASSIGNMENT OF THE APPROPRIATE ALGORITHM AS MEASURED BY MATCHING DIAGNOSIS TO ALGORITHM AT THE TIME OF DISCHARGE.**
 - **USE OF TIMA RATING SCALES AS MEASURED BY PERCENT OF PATIENTS WITH SCORES FROM 2 OR MORE DIFFERENT DATES. (This report will be pulled from CWS).** A2, A4
- F. **Reassessment of the implementation and utilization of TIMA will be completed by the Psychiatric Advisor to the State Hospitals and the new Behavior Health Medical Director by January 1, 2008.** A2
- G. **A new reporting methodology for treatment outcomes will be implemented by September 30, 2007. (Replace BRPS and TIMA)** A2

- H. Each State Hospital will report to the Governing Body initiatives related to promoting patient wellness and healthy lifestyle. A2

Performance Measures:

Key Functions

A. GLOBAL ASSESSMENT OF FUNCTIONS (GAF):

IMPROVEMENT IN PATIENT TREATMENT OUTCOMES IN STATE MENTAL HEALTH HOSPITALS WILL BE MEASURED BY SHOWING:

- THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE INCREASED.
- THE PERCENT OF PATIENTS RECEIVING INPATIENT SERVICES WHOSE GAF SCORE STABILIZED. A2

- B. TCID will report the number of patients treated to cure to the Governing Body. A2

C. TCID will report to the Governing Body:

- The percent of active Hansen's patients who were seen according to protocol (3 times a year).
- The percent of inactive Hansen's patients who were seen according to protocol. A2

GOAL 4

IMPLEMENT AN EFFECTIVE AND SAFE MEDICATION MANAGEMENT SYSTEM THAT IMPROVES THE QUALITY OF CARE, TREATMENT AND SERVICES:

An effective and safe medication management system involves multiple services and disciplines working closely together to reduce practice variation, errors, and misuse. Hospitals monitor medication management processes, standardize equipment and processes associated with medication management and handle all medication in the same manner.

Performance Objectives:

Key Functions

- A. EACH STATE HOSPITAL WILL IDENTIFY, COLLECT, AGGREGATE AND ANALYZE MEDICATION ERRORS. A4
- B. Each State Hospital will evaluate their medication management systems and report annually to the Governing Body. A4

Performance Measures:**Key Functions**

- A. THE NUMBER OF PATIENTS RECEIVING NEW GENERATION ATYPICAL ANTIPSYCHOTICS MEDICATION WILL BE MEASURED. B4
- B. THE COST OF ANTIPSYCHOTIC MEDICATIONS WILL BE TRACKED AND ANALYZED. B4
- C. TCID WILL REPORT THE COST OF MEDICATIONS. B4

GOAL 5**ASSURE CONTINUUM OF CARE:**

All State Hospitals will collaborate and work cooperatively with designated local health authorities to assure patient access to an integrated system of setting services and care levels. To facilitate discharge or transfer, the hospital assesses the patient needs, plans for discharge or transfer process, and, helps to ensure that continuity of care, treatment and services are maintained.

Performance Objectives:**Key Functions**

- A. All dually diagnosed patients with mental illness and mental retardation in State Mental Health Hospitals will be discharged or transferred within 30 days of being placed on the "Patients Determined to No Longer be in Need of Inpatient Hospitalization" list. A3
- B. Each State Mental Health Hospital will maintain a current Utilization Management Agreement with their Local Mental Health Authorities. A3
- C. At the end of each quarter, patients having been in the State Mental Health Hospital over 365 days, will be identified by four categories:
 - 1. Need continued hospitalization, (civil/forensic);
 - 2. Accepted for placement;
 - 3. Barrier to placement, and;
 - 4. Criminal court involvement.

The hospital and the local mental health authority will update a new continuity of care plan for any patient who is on the list in Category 3. This plan should be developed within 30 days after being identified. The progress of placements from Category 3 will be reviewed at each Governing Body meeting. A3

Performance Measures:**Key Functions**

- A. NUMBER AND TYPE OF ALL ADMISSIONS AND DISCHARGES, AND, THE PERCENTAGE OF PATIENTS NEW TO THE SYSTEM WILL BE CALCULATED AND REPORTED FOR EACH HOSPITAL. A3
- B. PERCENT OF FORENSIC/NON-FORENSIC DISCHARGES RETURNED TO THE COMMUNITY WILL BE CALCULATED.
- 7 days or less,
 - 8 to 30 days,
 - 31 to 90 days,
 - greater than 90 days
- A3
- C. TCID WILL REPORT:
- NUMBER OF ADMISSIONS
 - AVERAGE LENGTH OF STAY
 - NUMBER OF OUTPATIENT ADMISSIONS
 - NUMBER OF DISCHARGES BY CATEGORIES
 - TUBERCULOSES
 - MULTI-DRUG RELATED TUBERCULOSES (MDRTB)
 - EXTENSIVELY DRUG RESISTANT TUBERCULOSIS (XDRTB)
- A3
- D. AVERAGE LENGTH OF STAY IN THE HOSPITAL WILL BE CALCULATED ON A QUARTERLY BASIS FOR THOSE PATIENTS:
- ADMITTED AND DISCHARGED WITHIN 12 MONTHS, AND,
 - ALL DISCHARGES
- A3

GOAL 6**IMPLEMENT AN INTEGRATED PATIENT SAFETY PROGRAM:**

The State Hospitals address the safety of all patients and all staff. Safety priorities should be integrated into all relevant hospital processes, functions and services. The program should improve safety by reducing the risk of system and process failures.

Performance Objectives:**Key Functions**

- A. Each State Hospital will maintain a prioritized budget list to address needed environmental and physical plant improvements but for which no centralized designated funds have been allocated. B4

- B. STATE HOSPITALS WILL MANAGE WORKERS' COMPENSATION CLAIM EXPENSES SO THAT AN INDIVIDUAL HOSPITAL'S TOTAL FY2008 CLAIMS EXPENSE WILL BE AT OR BELOW THE DOLLAR TARGET AMOUNT ESTABLISHED FOR THAT HOSPITAL. B4
- C. EMPLOYEE INJURIES RESULTING IN A WORKERS' COMPENSATION CLAIM WILL NOT EXCEED 0.85 PER 1000 BED DAYS. B4
- D. THE RATE OF PATIENT INJURIES IN MENTAL HEALTH HOSPITALS RELATED TO BEHAVIORAL SECLUSION AND RESTRAINT WILL NOT EXCEED 0.45 PER 1000 BED DAYS FOR FY2008. B4
- E. EMPLOYEES IN MENTAL HEALTH HOSPITALS INJURED DURING RESTRAINT OR SECLUSION WILL NOT EXCEED 0.85 PER 1000 BED DAYS ACROSS ALL MENTAL HEALTH HOSPITALS FOR FY2008. B4
- F. THE RATE OF UNAUTHORIZED DEPARTURES WILL NOT EXCEED 0.36 PER 1000 BED DAYS ACROSS ALL STATE HOSPITALS DURING FY2008. B4
- G. CALCULATE AND BENCHMARK FALL DATA WITHIN AND ACROSS STATE HOSPITALS AS FOLLOWS:
- RATE OF FALLS FOR ALL FALLS REPORTED ON CLIENT INJURY REPORT.
 - RATE OF FALLS INJURIES FOR ALL FALLS INJURIES REPORTED ON CLIENT INJURY REPORT. B4
- H. According to the National Patient Safety Goal 2C, each state hospital will measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical test results and values. B4

Performance Measures:

Key Functions

- A. HOSPITAL INFECTION CONTROL PROFESSIONALS (ICPS) WILL COLLECT AND COMPARE DATA ON HEALTHCARE ASSOCIATED INFECTIONS ACCORDING TO CENTERS FOR DISEASE CONTROL (CDC) CATEGORIES. B4

B. RATE OF PATIENT INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS:

- Age 0 – 17
- Age 18 – 64
- Age 65 – older

B4

C. RATE OF EMPLOYEE INJURIES WILL BE CALCULATED, TRENDED AND REVIEWED FOR QUALITY IMPROVEMENT OPPORTUNITIES. INJURIES WILL BE REPORTED BY AGE CATEGORIES AS FOLLOWS:

- Age 18 – 39
- Age 40 – 64
- Age 65 – older

B4

D. Each hospital will collect and maintain data on employee compliance with influenza immunization, to include the percentage of employees currently immunized and the percentage of those who have signed declination at monthly intervals during the influenza season.

B4

E. Hospitals will monitor the rate of pneumococcal and influenza immunization for those patients identified as high risk.

B4

GOAL 7

OBTAIN, MANAGE AND USE INFORMATION:

Information management is a set of processes and activities focused on meeting the organizations information needs which are derived from a thorough analysis of internal and external information requirements. State Hospitals will obtain, analyze, manage and assure the integrity and accuracy of data in order to use information to enhance and improve individual and organizational performance in patient treatment, safety, governance, management and support processes.

Performance Objectives:

Key Functions

- A. CPIC will review Performance Measures for Data Integrity Review (DIR) focus and make recommendations to the Executive Committee of the Governing Body in FY08. **B2**
- B. Hospital Information Management Committee (HIMC) will review and renew Health and Human Services Commission (HHSC) Information Technology (IT) Service Level Agreements (SLA), no later than August 31, 2008. **B2**

- C. HIMC will review and renew Department of State Health Services (DSHS) IT Service Level Agreements, no later than August 31, 2008. **B2**
- D. HIMC will monitor WORx functionality through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- E. Information Management Committee will sponsor project to identify next generation electronic medical record, no later than November 30, 2007. **B2**
- F. HIMC will ensure timely completion of RAD Plus 2006 Upgrade through the HHSC and DSHS SLAs and report to the Executive Committee of the Governing Body. **B2**
- G. HIMC will establish timeframes and monitor progress of Avatar PM at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- H. HIMC will establish timeframes and monitor progress of CWS at TCID through the HHSC and DSHS IT SLAs and report to the Executive Committee of the Governing Body. **B2**
- I. **State Hospitals will monitor medical records delinquency rates. The average of the total number of delinquent records calculated from the last four quarterly measurements will not exceed 50 percent of the average monthly discharges. These data are trended and performance improvement initiatives are taken as appropriate.** **B2**
- J. **Each hospital will analyze the effectiveness of emergency plans for accessing the electronic medical record in the event of an emergency and report annually to the Governing Body.** **B2**
- K. The Information Management Committee (IMC) will monitor CRS downtime and report to the Executive Committee of the Governing Body. **B2**
- L. State Hospitals Section, in conjunction with IT Operations and DSHS Legal Services will develop policies, procedures, and/or protocols for expanding the use of video-conferencing equipment for providing patient assessment, evaluation, civil and forensic commitment processes, etc. **B2**
- M. State Mental Hospitals Forensic Committee will develop specialized forensic evaluations/reports in CWS (e.g., competency evaluation, dangerousness risk assessment, etc.) and report to the Executive Committee of the Governing Body. **B2**

GOAL 8

ASSURE A COMPETENT WORKFORCE:

The State Hospital Section provides leadership, resources and expectations that hospitals create an environment that fosters self-development and continued learning to support the organization's mission. This function focuses on essential processes which include planning that defines the qualifications competencies and staffing needed to carry out the organization's mission; providing competent members either through traditional employer-employee arrangements on contractual arrangement; developing and implementing processes designed to ensure the competence of all staff members is assessed, maintained, improved and demonstrated throughout their association with the organization; and, providing a work environment that promotes self-development and learning.

Performance Objectives:

Key Functions

- A. **95 PERCENT OF ALL STAFF WILL BE CURRENT WITH CORE AND SPECIALTY TRAINING AT ALL TIMES.** **B3**
- B. State Hospitals Section will request HHSC to provide all hospitals with a report on the status of performance evaluations. **B3**

Performance Measures:

Key Functions

- A. **“STAFF TURNOVER” RATES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED.** **B3**
- B. **NUMBER OF STATEWIDE VACANCIES FOR CRITICAL SHORTAGE STAFF WILL BE MAINTAINED AND REPORTED.** **B3**

GOAL 9

IMPROVE ORGANIZATIONAL PERFORMANCE:

Performance improvement focuses on outcomes of care, treatment and services. This goal focuses on designing an effective and continuous program to systematically measure performance through data collection, assess current performance and improve performance, patient safety and business process outcomes.

Performance Objectives:

Key Function

- A. **CHILDREN AND PARENT(S) OR THE LEGALLY AUTHORIZED REPRESENTATIVE WILL BE SATISFIED WITH THE TREATMENT AND SAFE MILIEU PROVIDED IN STATE MENTAL HEALTH HOSPITALS BY ACHIEVING THE FOLLOWING AVERAGE RESPONSE ON THE PATIENT SATISFACTION SURVEYS (PSAT):**
- **AN AVERAGE SCORE OF “4” ON THE PARENT SATISFACTION SURVEY,**
 - **AN AVERAGE SCORE OF “1.7” ON THE CHILDREN SATISFACTION SURVEY.**
- B6**
- B. **ADULTS AND ADOLESCENTS WILL BE SATISFIED WITH THEIR CARE AT STATE MENTAL HEALTH HOSPITALS AS REPRESENTED BY ACHIEVING AN AVERAGE SCORE OF 3.60 ON THE NRI INPATIENT CONSUMER SURVEY (MHSIP).**
- B6**
- C. Hospitals will monitor and evaluate the Joint Commission areas related to Medication management, environment of care and the national patient safety goals, through the clinical performance improvement process. The aggregate information will be collected through and evaluated by the Clinical Performance Improvement Committee (CPIC) and reported to the Executive Committee of the Governing Body.
- B6**
- D. **Hospitals will do a minimum of one patient tracer for each treatment team. Data is collected by using tracer methodology to follow the care that individual patients receive and to evaluate patient care processes. Aggregate information will be collected and evaluated by CPIC and reported to the Executive Committee of the Governing Body.**
- B6**
- E. CPIC will evaluate the FY2008 CPI Plan by June 2008 and incorporate recommendations into the CPI Plan for FY2009.
- B6**
- F. **REGULARLY SCHEDULED ASSESSMENTS WILL BE CONDUCTED USING ESTABLISHED CRITERIA AND IMPROVEMENT OPPORTUNITIES IDENTIFIED BY EACH STATE HOSPITAL ON THE FACILITY SUPPORT PERFORMANCE INDICATORS (FSPI).**
- B6**

**LEGISLATIVE BUDGET BOARD
PERFORMANCE MEASURES
Directly Relating to State Hospitals**

Outcome Measures:

Percent of consumers receiving MH campus services whose functional level stabilized or improved. **M-3A**

Reported Annually to the LBB*

Percent of cases of tuberculosis treated at TCID as inpatients, in which the patients are treated to cure. **M-3B**

Reported Annually to the LBB.

Output Measures:

Average daily census of state mental health hospitals. **O-1E**

Reported Quarterly to the LBB.*

Average monthly number of state mental health hospital consumers receiving atypical antipsychotic new generation medications. **M-4A**

Reported Quarterly to the LBB.

Number of admissions to state hospitals. **M-5A**

Reported Quarterly to the LBB.

Number of Inpatient days at TCID. **M-1D**

Reported Quarterly to the LBB.

Number of admissions, the total number of patients admitted for inpatient care and treatment at TCID each month. **M-5C**

Reported Quarterly to the LBB.

Number of outpatient visits at STHCS a component of RGSC.

Reported Quarterly to the LBB.

Efficiency Measures:

Average daily hospital cost per occupied state mental health hospital bed. **M-1B**
Reported Quarterly to the LBB.*

Average monthly cost of new generation atypical antipsychotic medications per mental health hospital customer receiving new generation medication services. **M-4B**
Reported Quarterly to the LBB.*

Average cost per inpatient day, TCID.
Reported Quarterly to the LBB.

Average cost of outpatient visits for STHCS, a component of RGSC. **M-1E**
Reported Quarterly to the LBB.

Average length of stay, TCID. **M-5C**
Reported Quarterly to the LBB.

Explanatory Measures:

Number of patients served by state mental health hospitals per year.
Reported Annually to the LBB.

***Key measures that are reported in the Appropriations Bill. If not met, plus or minus 5%, an explanation must be provided.**

↓

GOAL 1: Provide Leadership

Performance Objective 1A:

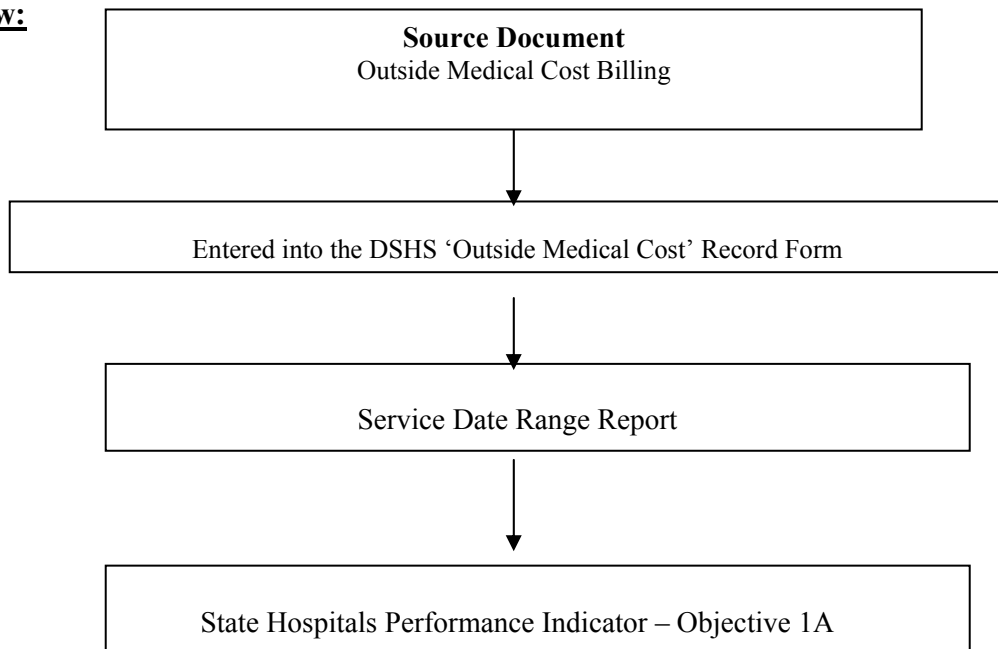
Each state hospital will monitor outside medical costs for civil and forensic patients using the outside medical cost web database and report findings to the governing body.

Performance Objective Operational Definition: The state hospitals outside medical costs will be monitored.

Performance Objective Data Display and Chart Description:

Table shows the quarterly cost for outside medical cost for individual state hospitals and system-wide.

Data Flow:



Objective 1B - Outside Medical Cost
All State Hospitals

Outside Medical Cost - FY 2008

Facility	Q1	Q2	Q3	Q4	FYTD
ASH	\$165,163				\$165,163
BSSH	\$71,834				\$71,834
EPPC	\$43,221				\$43,221
KSH	\$60,770				\$60,770
NTSH	\$617,149				\$617,149
RGSC	\$17,965				\$17,965
RSH	\$292,622				\$292,622
SASH	\$9,785				\$9,785
TSH					\$0
WCFY	\$14,327				\$14,327
STHCS					\$0
TCID	\$250				
All SH	\$1,293,086	\$0	\$0	\$0	\$1,293,086

Performance Objective 1B:

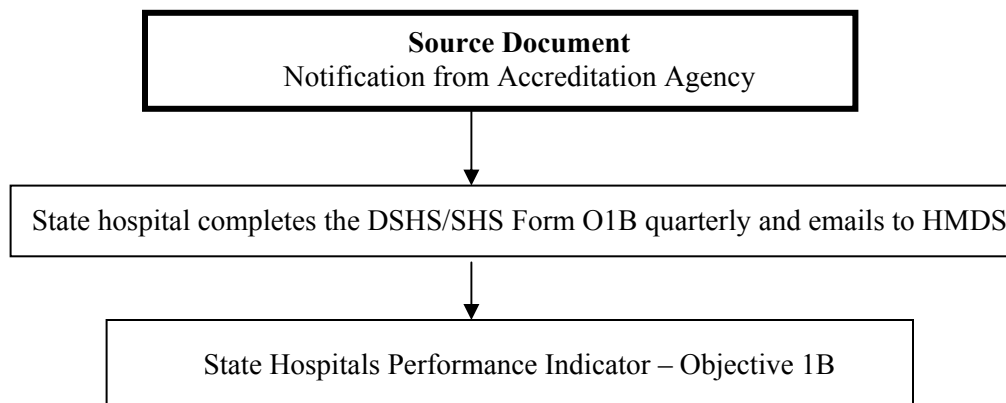
State hospitals will maintain Joint Commission (JC) accreditation, Medicare certification, Institute of Mental Diseases (IMD) certification and Intermediate Care Facility-Mental Retardation (ICF-MR) (where appropriate) during FY 2008.

Performance Objective Operational Definition: The state hospital's current status in JC accreditation, Medicare certification (based on the last Medicare-related survey [TDH or CMS]), ICF-MR certification, and IMD review. The CEO of each facility will inform the Director of State Hospitals in writing of any change in accreditation or certification status.

Performance Objective Data Display and Chart Description:

Table shows the date, grid score and year accredited by JC; Medicare last date certified and the number of certified beds; number of Medicare complaint visits; date of CMS On-Site Survey; date of TVFC Audit for WCFY; date of the last IMD Review; and ICF-MR last date certified and number of certified beds for individual state hospitals.

Data Flow:



Objective 1B - Maintain Accreditation and Certifications
(As of November 30, 2007)

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TCID	TSH	WCFY
JC Accreditation											
Date of accreditation:	Jul-06	Mar-06	Nov-06	Oct-06	Feb-07	Mar-05	Jan-07	Apr-07	Dec-06	Apr-07	Jul-07
Years accredited:	3	3	3	3	3	3	3	3	3	3	3
Unannounced Visit/Complaint FY08	0	0	0	0	0	0	0	0	0	0	0
Medicare Certification											
No. certified beds:	201	156	23	48	100	27	172	208	72	94	N/A
No. of Complaint Visits for Q1	1	0	0	0	0	0	0	0	0	0	N/A
No. of Complaint Visits for FY	1	0	0	0	0	0	0	0	0	0	N/A
Date of CMS On-Site Survey		Jan-02		Feb-07	Sep-07	Nov-07		Jan-06		Sep-96	
Date of last IMD Review:	Apr-06	Jul-07	N/A	Dec-05	Aug-06	N/A	Oct-05	Oct-07	N/A	Jun-06	N/A
IMD certified beds*	50	27	N/A	38	40	N/A	28	48	N/A	44	N/A
Date of TVFC Audit:**											Oct-07
ICF-MR Certification											
Last date certified:	N/A	N/A	N/A	N/A	N/A	Nov-07	N/A	N/A	N/A	N/A	N/A
No. certified beds:	N/A	N/A	N/A	N/A	N/A	110	N/A	N/A	N/A	N/A	N/A

*Geriatric-certified/Medicare beds (these beds are included in the total certified medicare bed numbers)

**Texas Vaccines For Children Audit applies to WCFY only.

Performance Objective 1C:

FY2008 revenue targets for Medicare, Texas Health Steps, Institute for Mental Diseases (IMD), and Private Source funds will be met by each state hospital, so as, to satisfy specific methods of finance.

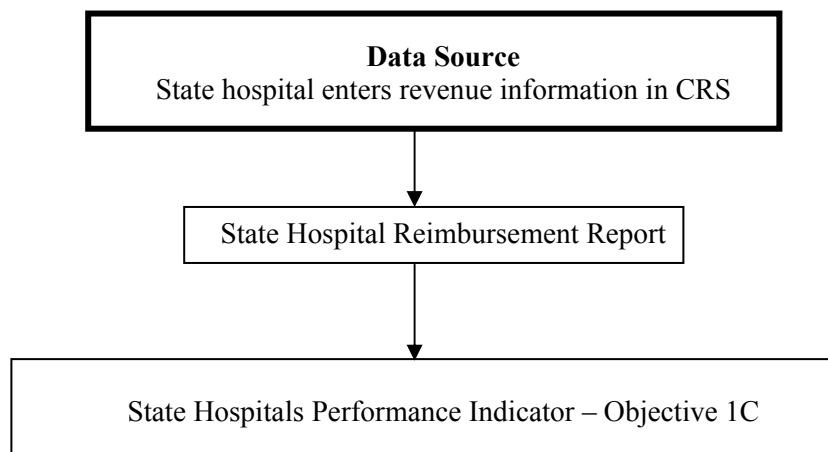
Performance Objective Operational Definition: The state hospital collections for Medicare, THSteps, Private Source, and IMD per month.

Performance Objective Formula: Collections per individual category and total collections are reported monthly in CRS.

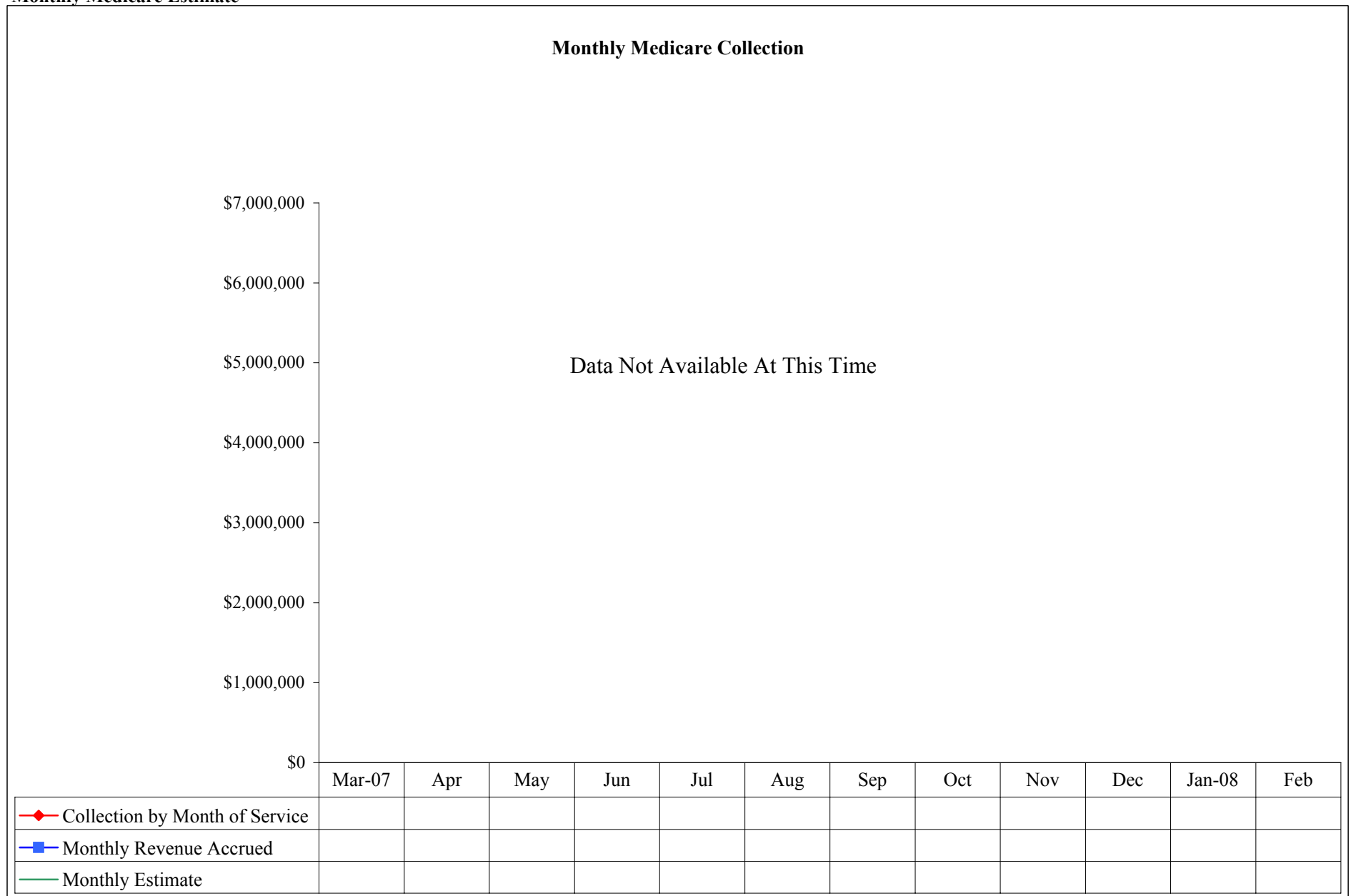
Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of revenue collection and accrued from each source for individual state hospital and system-wide.
- ◆ Chart with monthly data points of progress toward annual target from each source for individual state hospital and system-wide.

Data Flow:



Objective 1C - FY 2008 Revenue Estimates
All State Hospitals
Monthly Medicare Estimate



Performance Objective 1E:

Each state hospital-inpatient services will operate a projected General Revenue ADC and Third Party ADC within the funds that are allocated and projected.

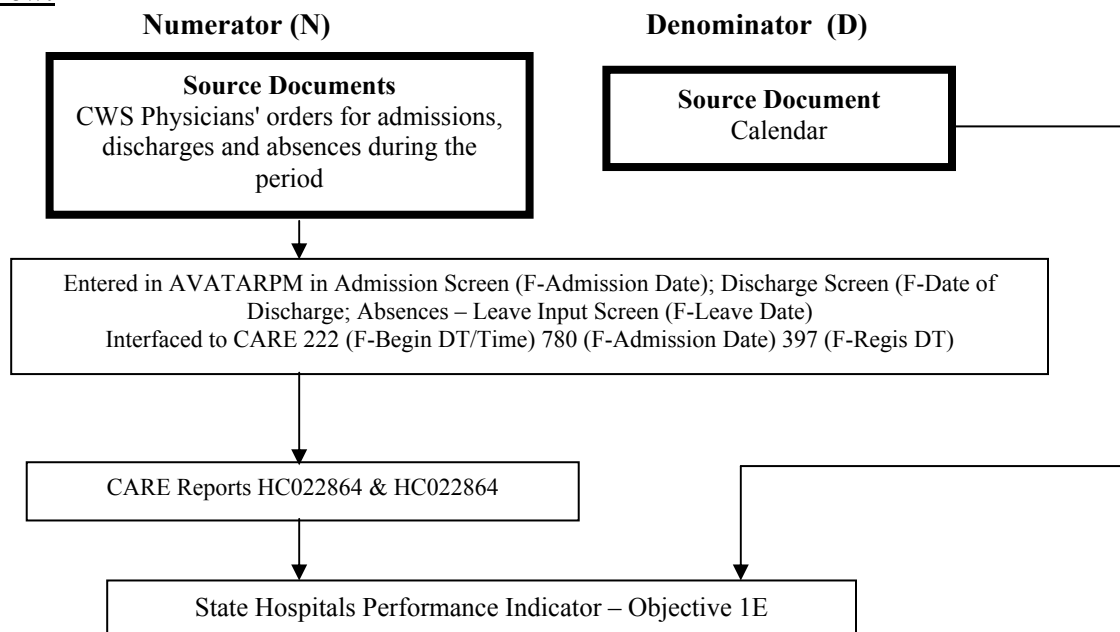
Performance Objective Operational Definition: DSHS Hospital Section will project total ADC, GR ADC and 3rd Party ADC for FY08. Extract report will divide episodes into 3rd Party episodes and GR episodes and calculate monthly ADC, monthly GR ADC and monthly 3rd Party ADC. Care Report HC022864 uses same extract as the hospital allocation methodology reports (NTSH Vernon Campus is not included in the extract). 3rd Party Average Census includes exempt bed days with exemption codes 05,09,10,11,12,13,15.

Performance Objective Formula:
$$\frac{\text{ADC}}{\text{Projected ADC}}$$

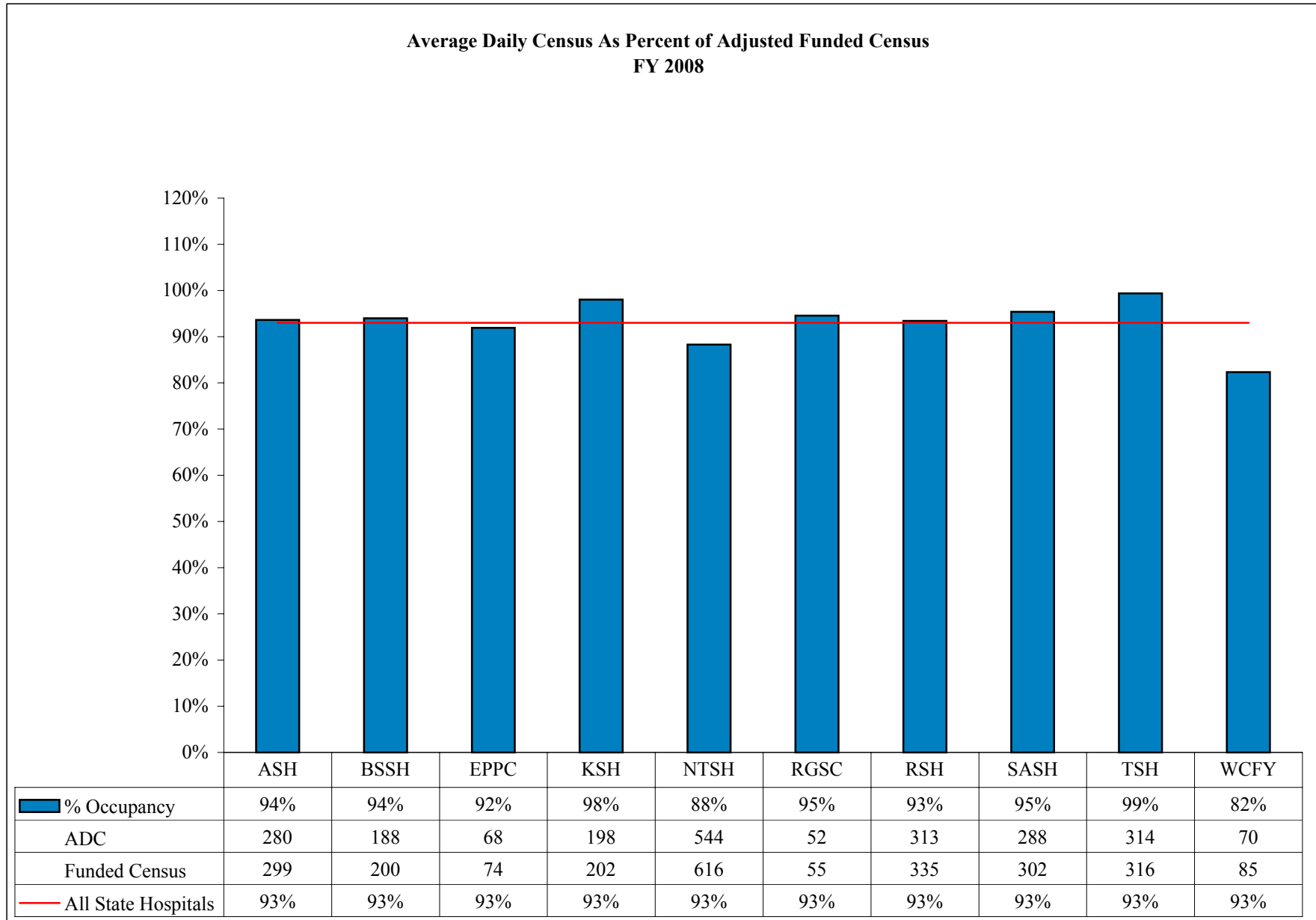
Performance Objective Data Display and Chart Description:

Chart with monthly data points of actual General Revenue and 3rd Party average daily census and funded census for individual state hospital and system-wide.

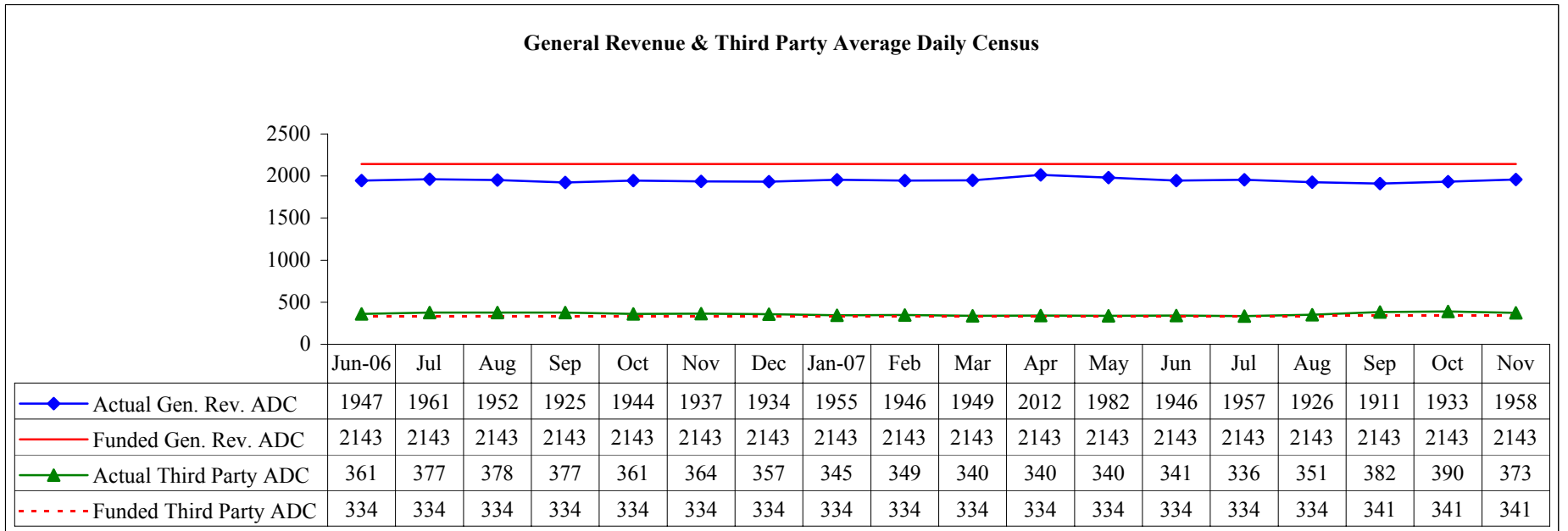
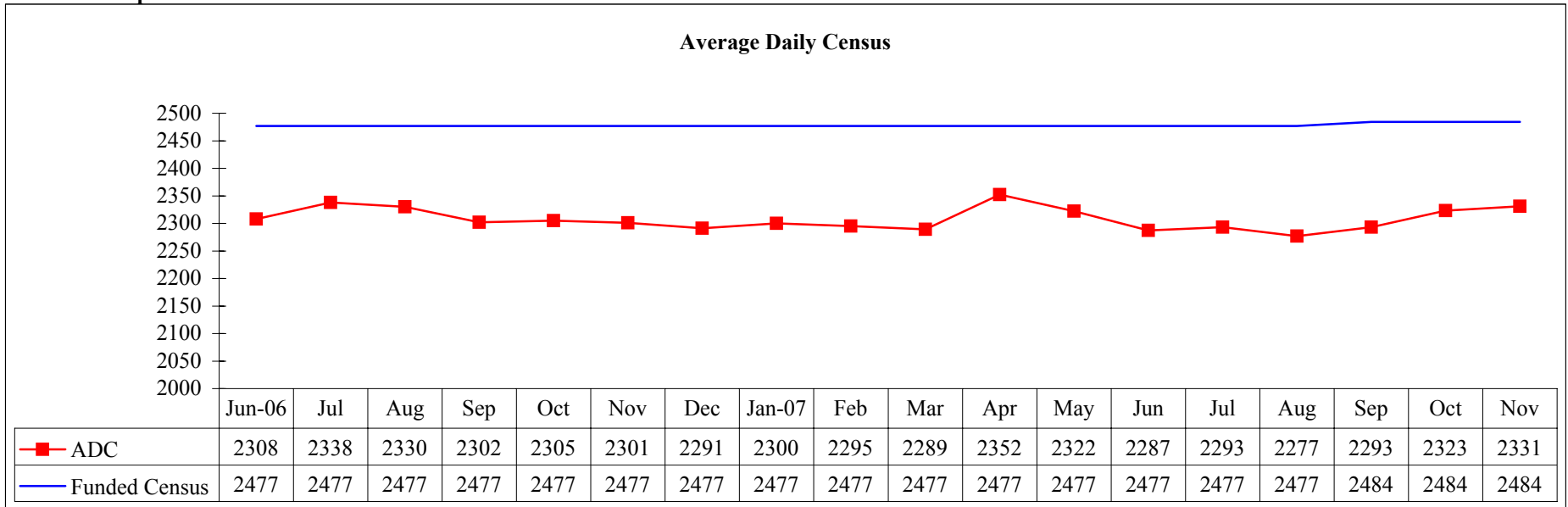
Data Flow:



Objective 1E & Measure 1C - Average Daily Census
All State Hospitals -As of November 30, 2007

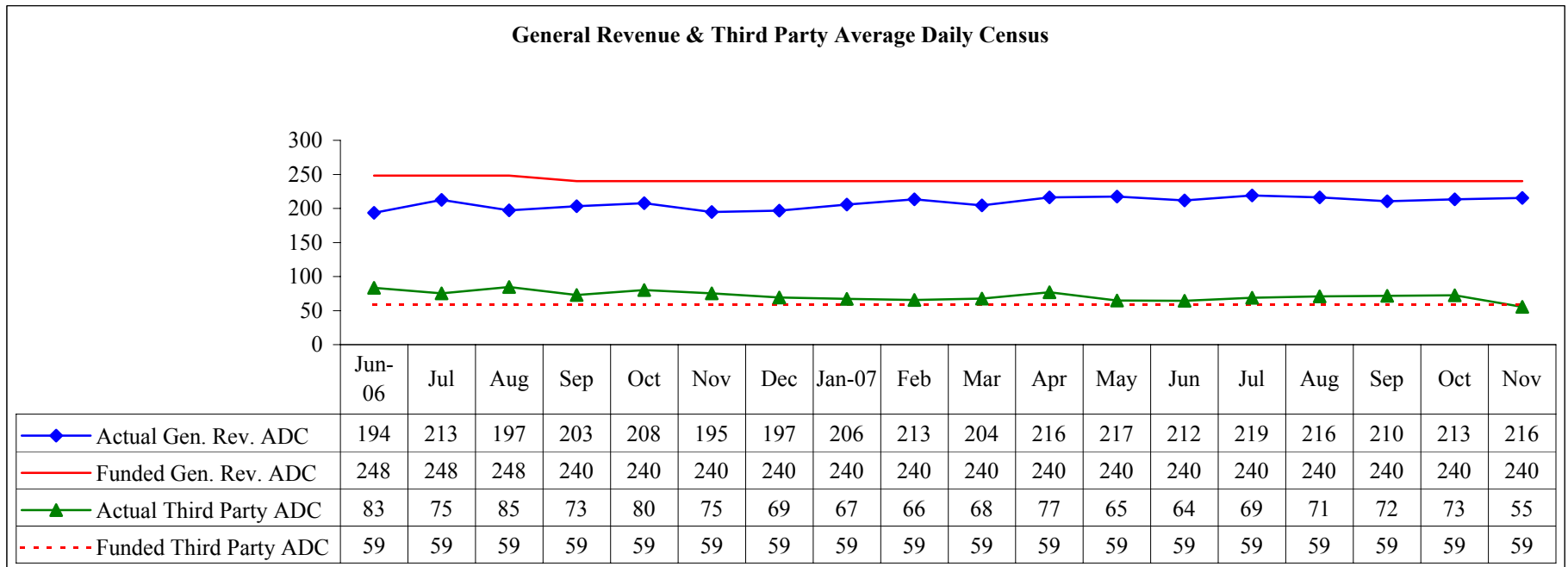
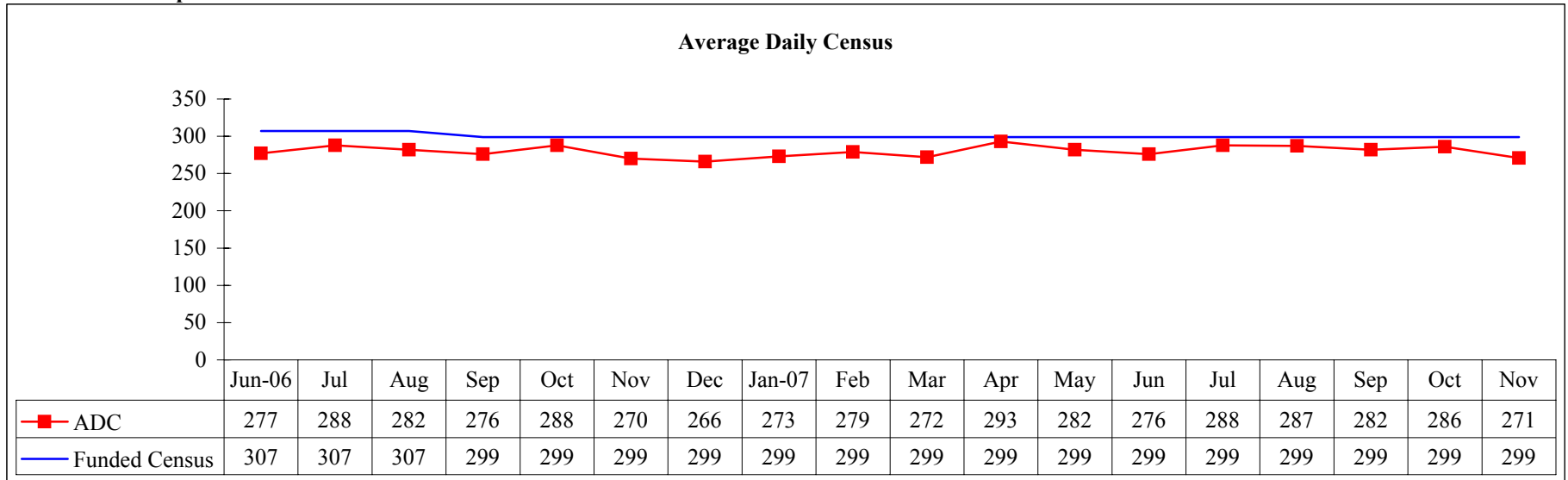


Objective 1E & Measure 1C - Average Daily Census
All State Hospitals



FY07 data revised using new coding

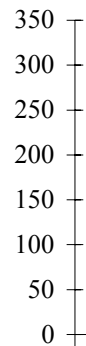
Objective 1E & Measure 1C - Average Daily Census
Austin State Hospital



FY07 data revised using new coding

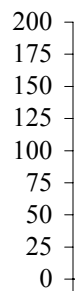
Objective 1E & Measure 1C - Average Daily Census
Big Spring State Hospital

Average Daily Census



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	Feb	Jun	Jul	Aug	Sep	Oct	Nov
■ ADC	195	195	197	195	184	194	187	186	193	190	189	193	185	189	189	190	186	187
— Funded Census	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200	200

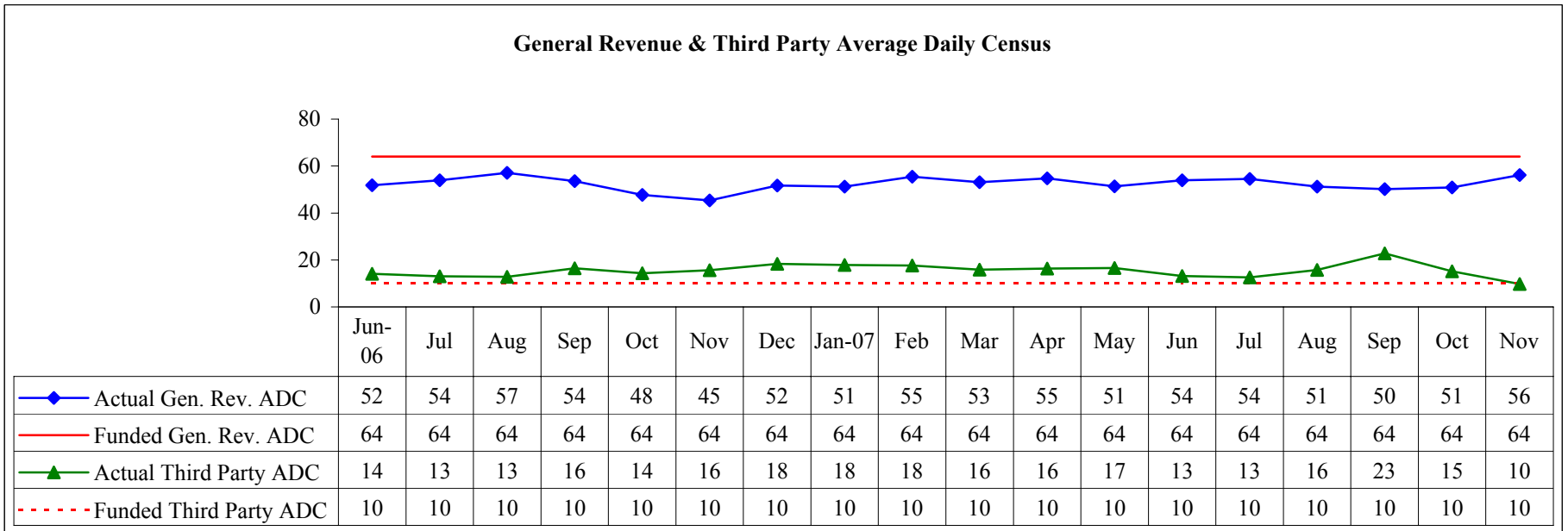
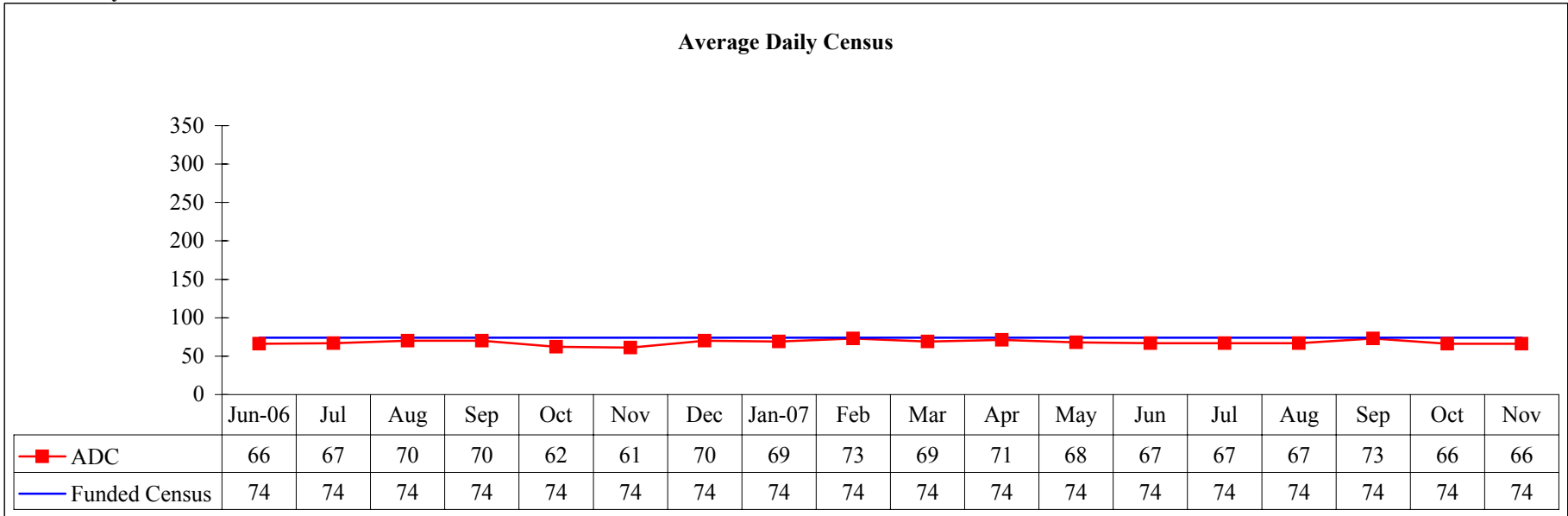
General Revenue & Third Party Average Daily Census



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ Actual Gen. Rev. ADC	173	166	172	164	157	165	154	159	161	158	156	157	148	152	149	150	141	143
— Funded Gen. Rev. ADC	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172	172
▲ Actual Third Party ADC	22	29	25	31	27	29	33	27	32	32	33	36	37	37	40	40	45	44
- - - Funded Third Party ADC	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28

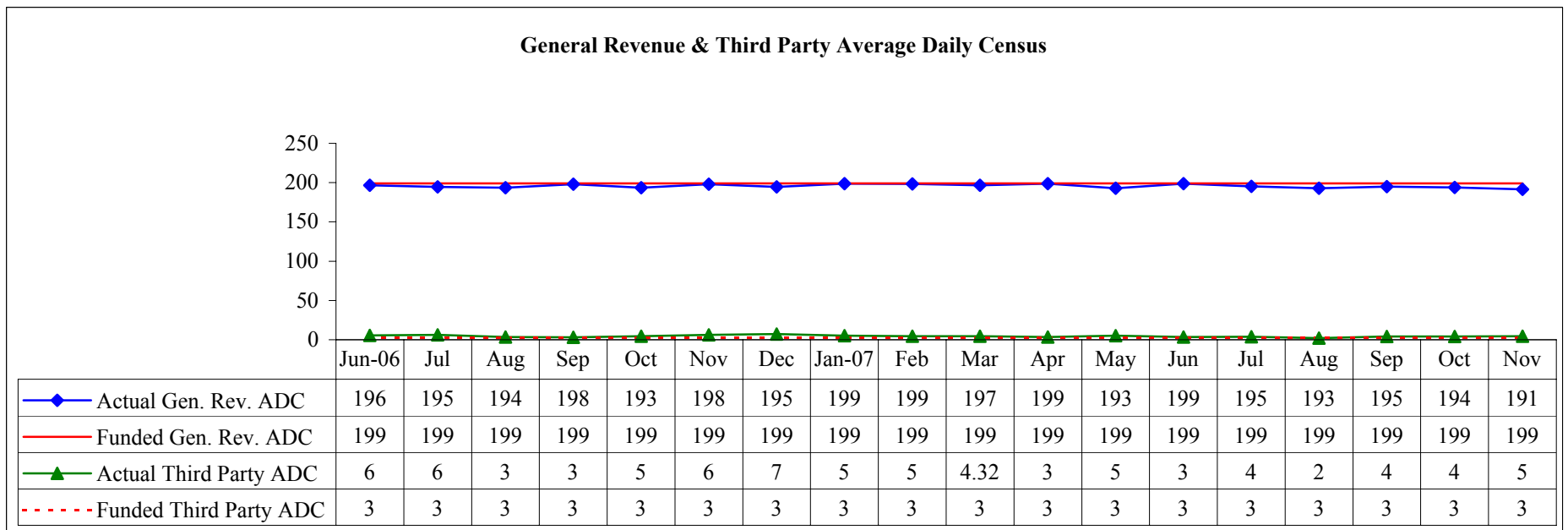
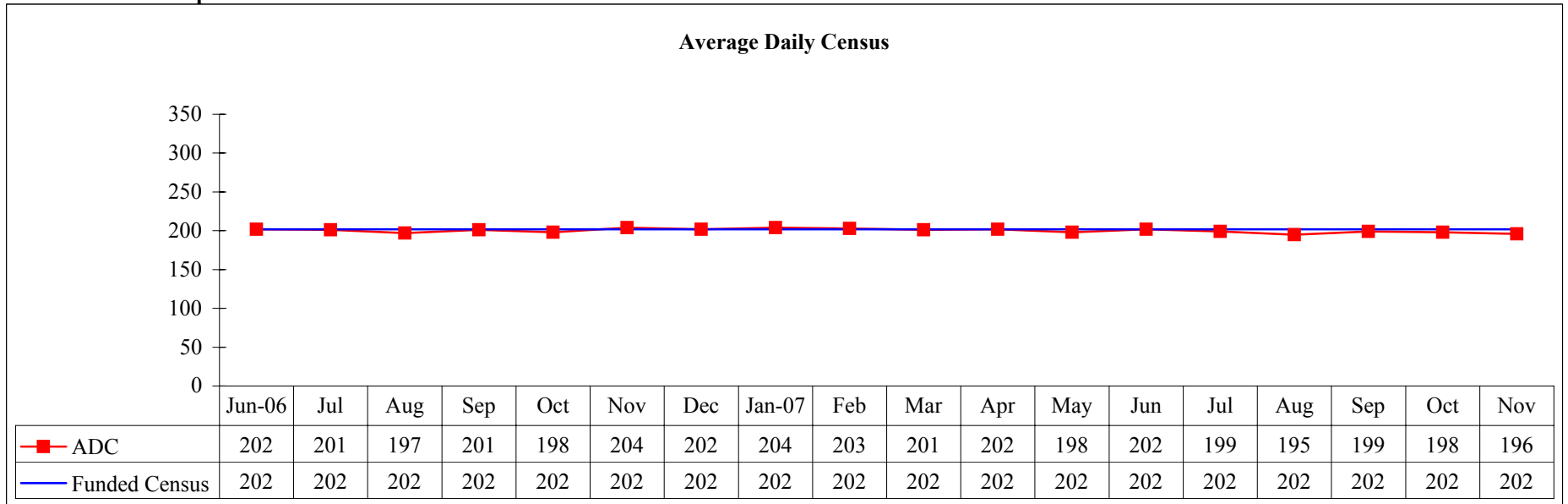
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
El Paso Psychiatric Center



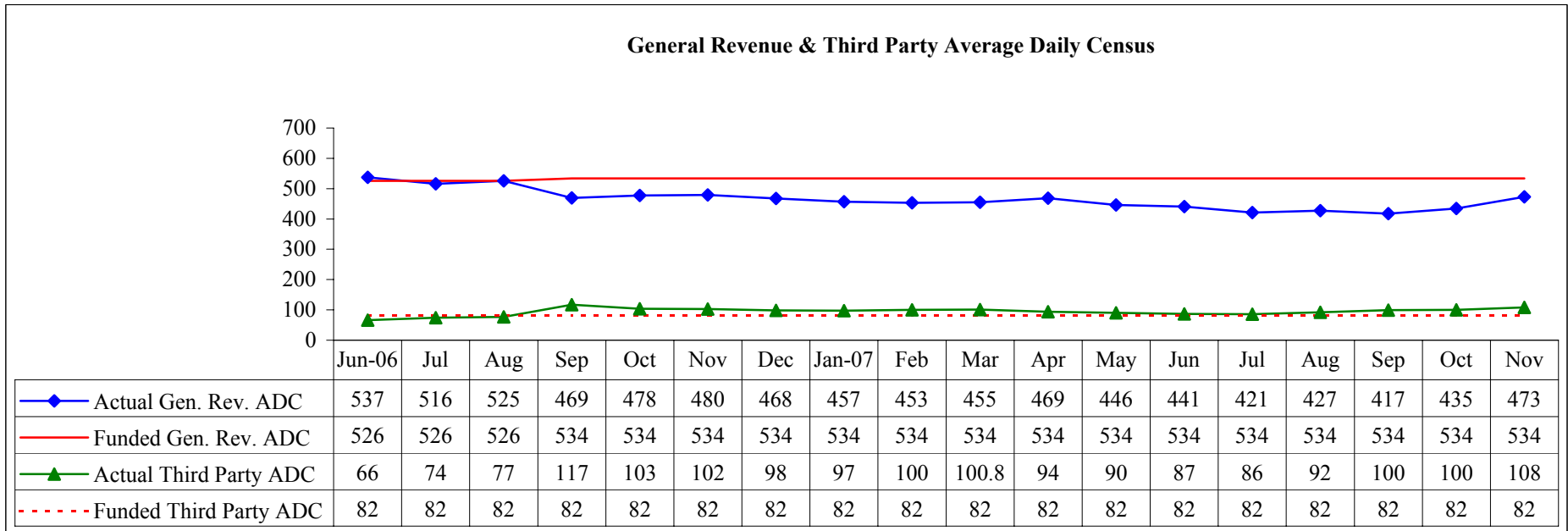
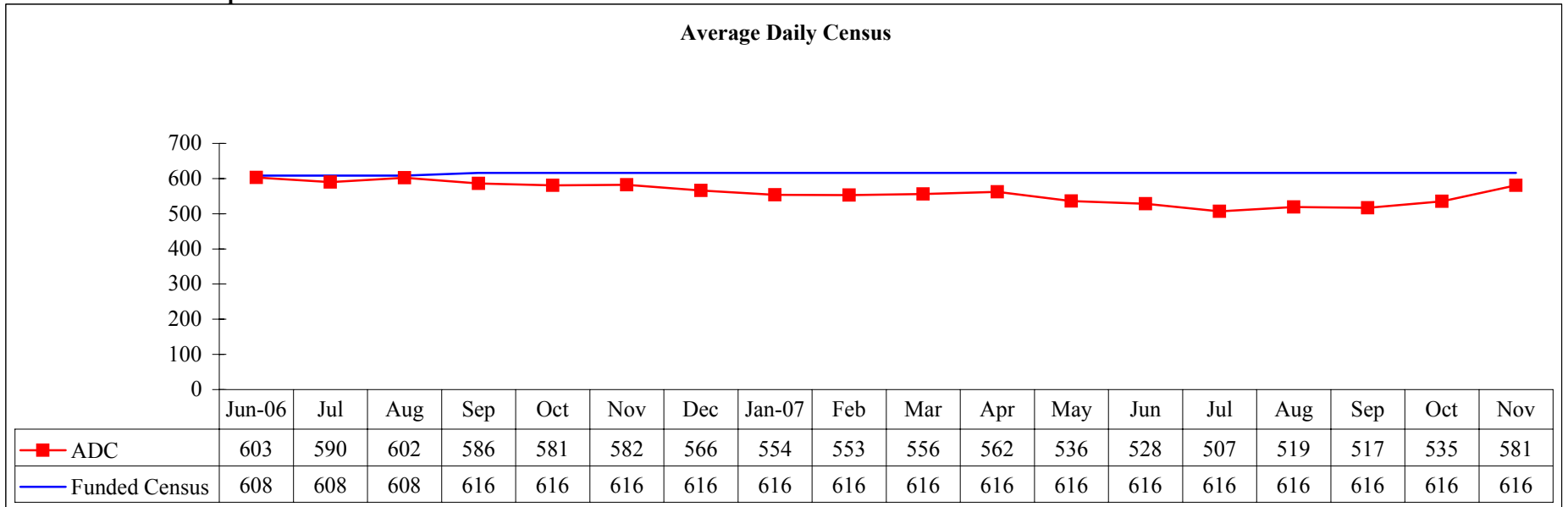
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
Kerrville State Hospital



FY07 data revised using new coding

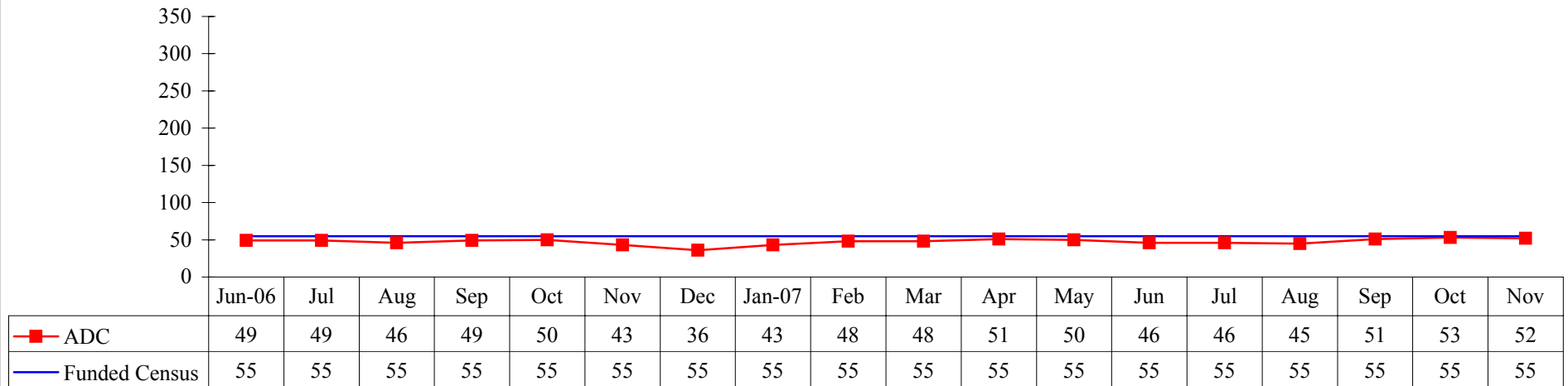
Objective 1E & Measure 1C - Average Daily Census
North Texas State Hospital



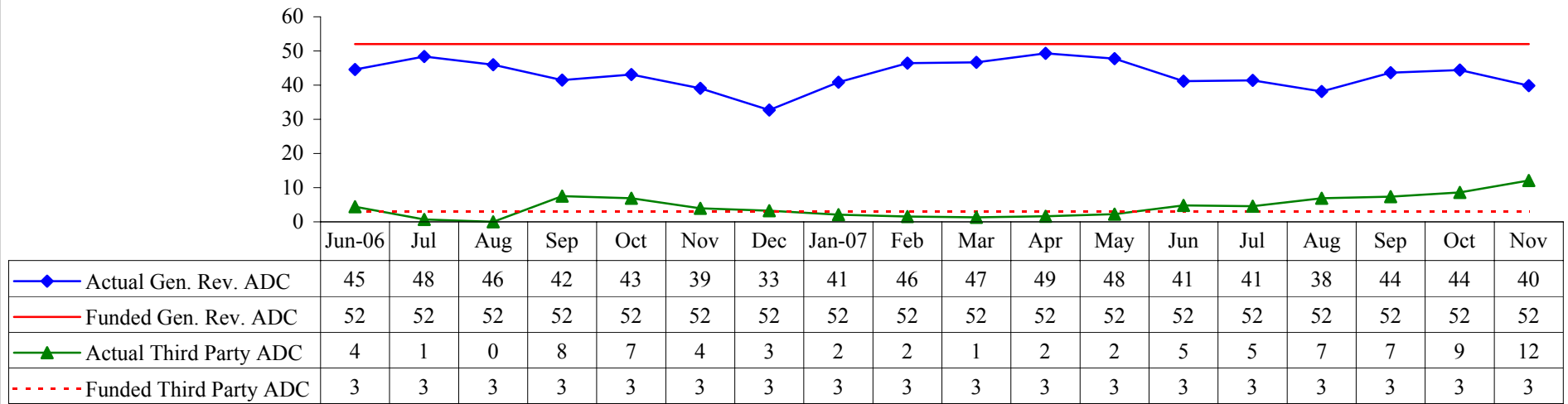
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
Rio Grande State Center–MH

Average Daily Census



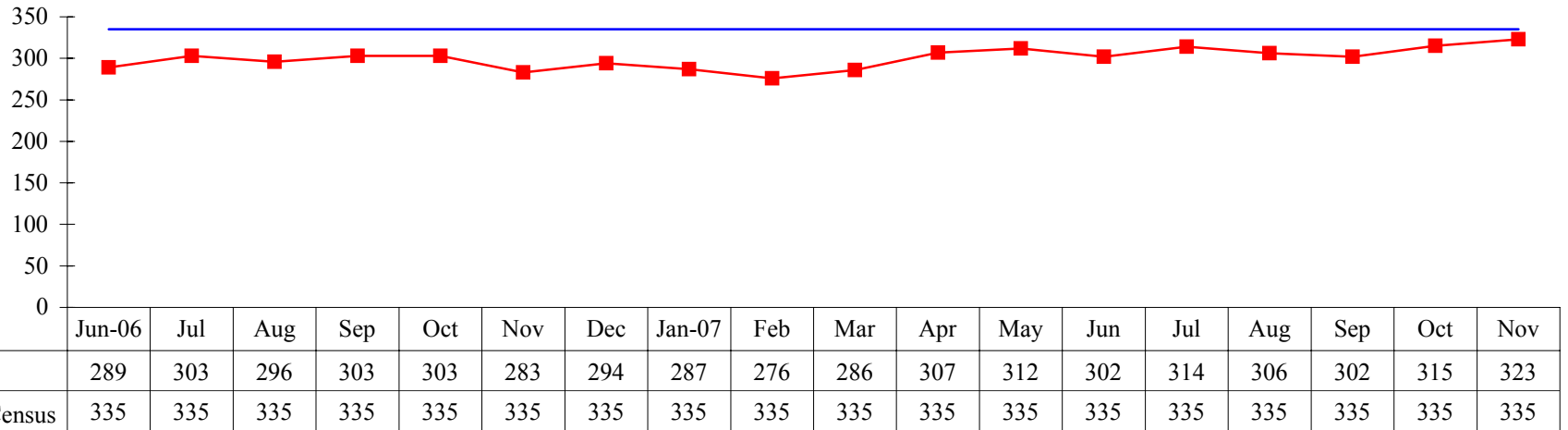
General Revenue & Third Party Average Daily Census



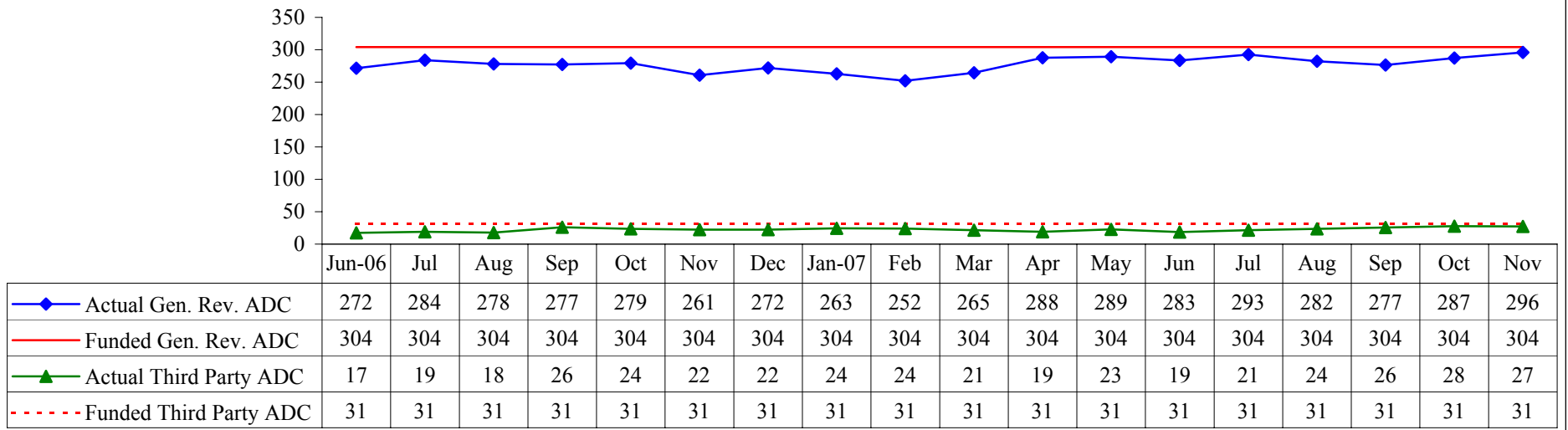
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
Rusk State Hospital

Average Daily Census

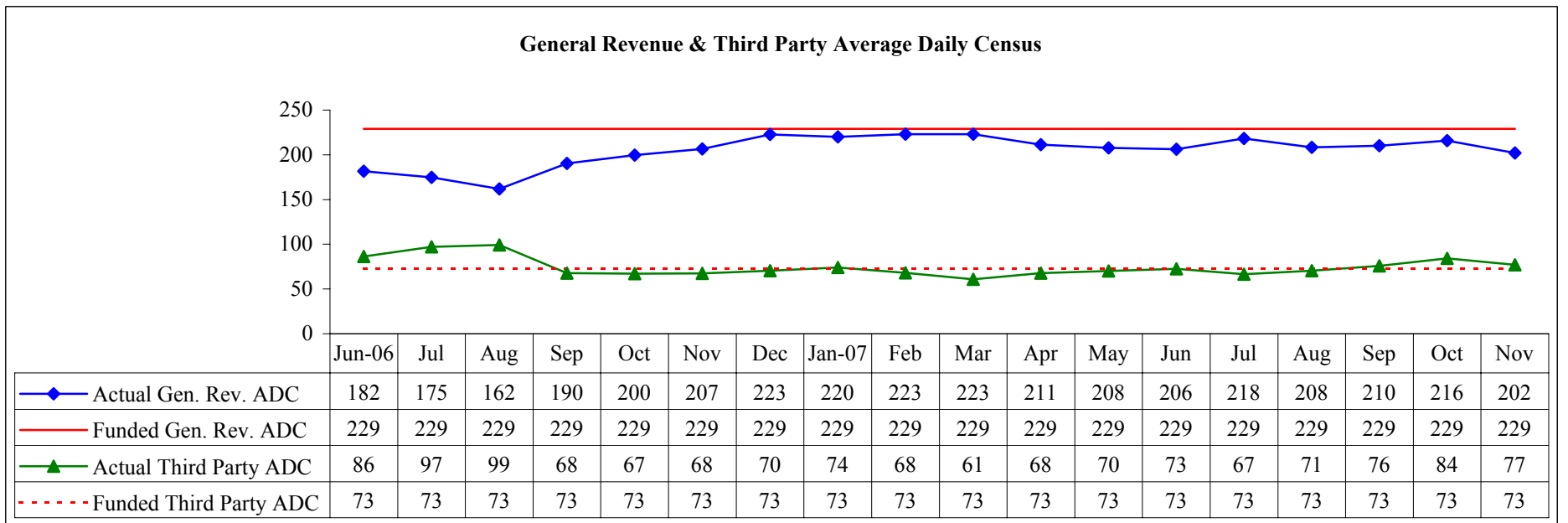
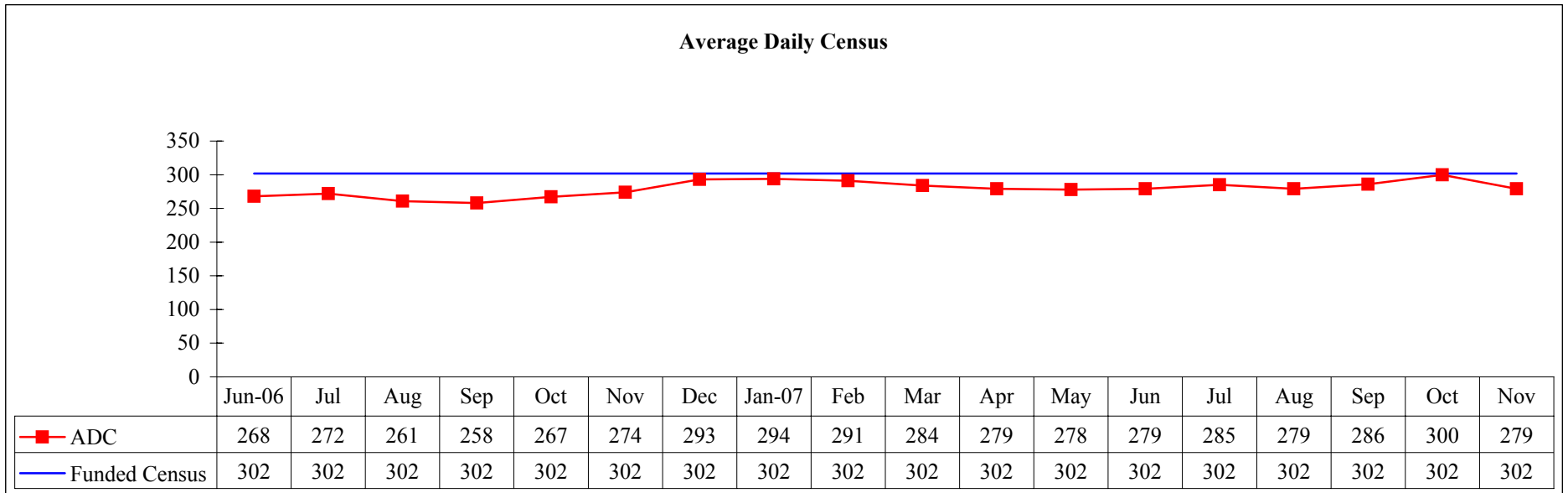


General Revenue & Third Party Average Daily Census



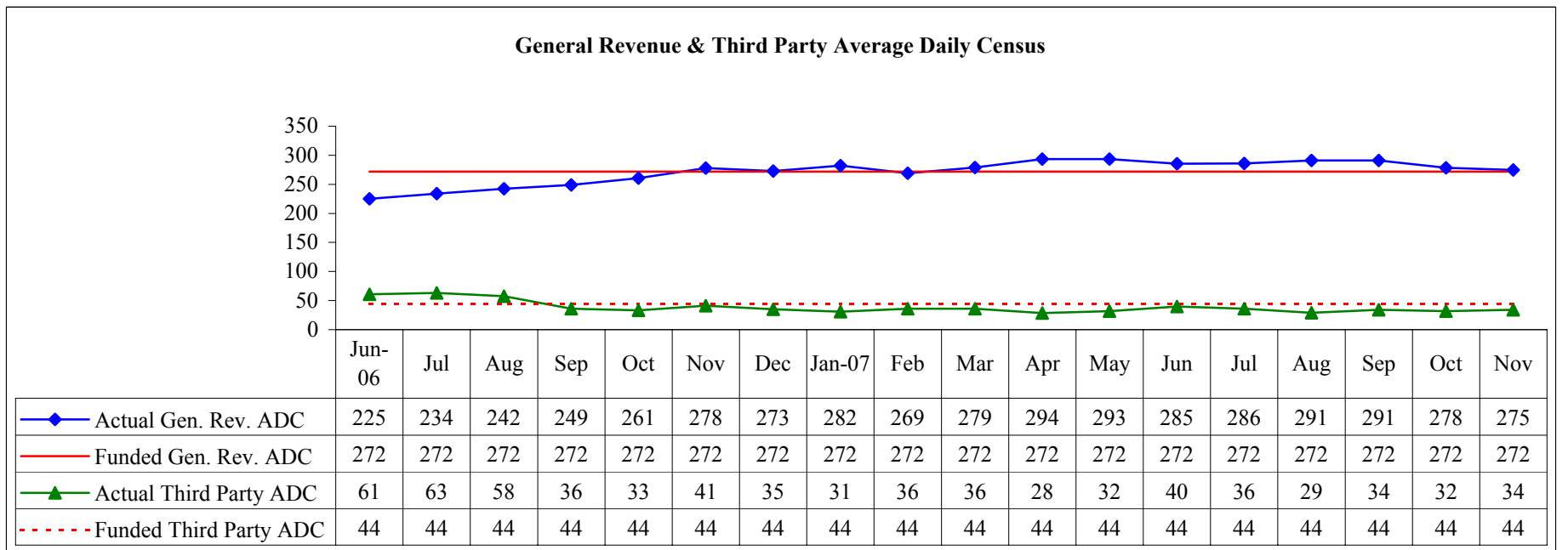
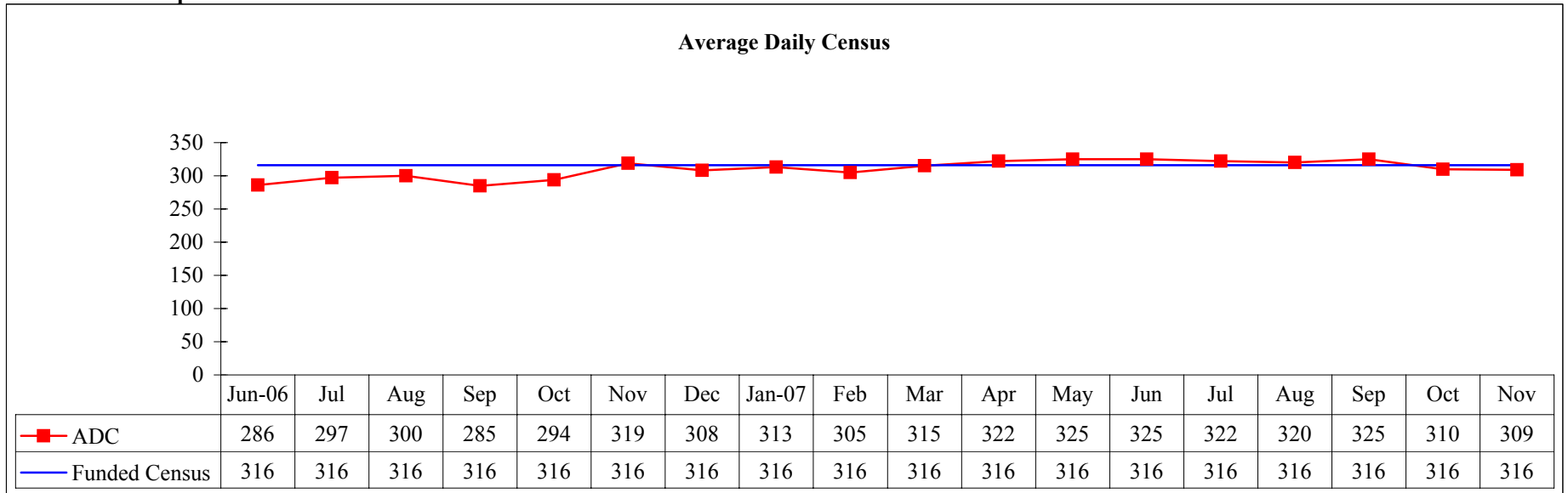
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
San Antonio State Hospital



FY07 data revised using new coding

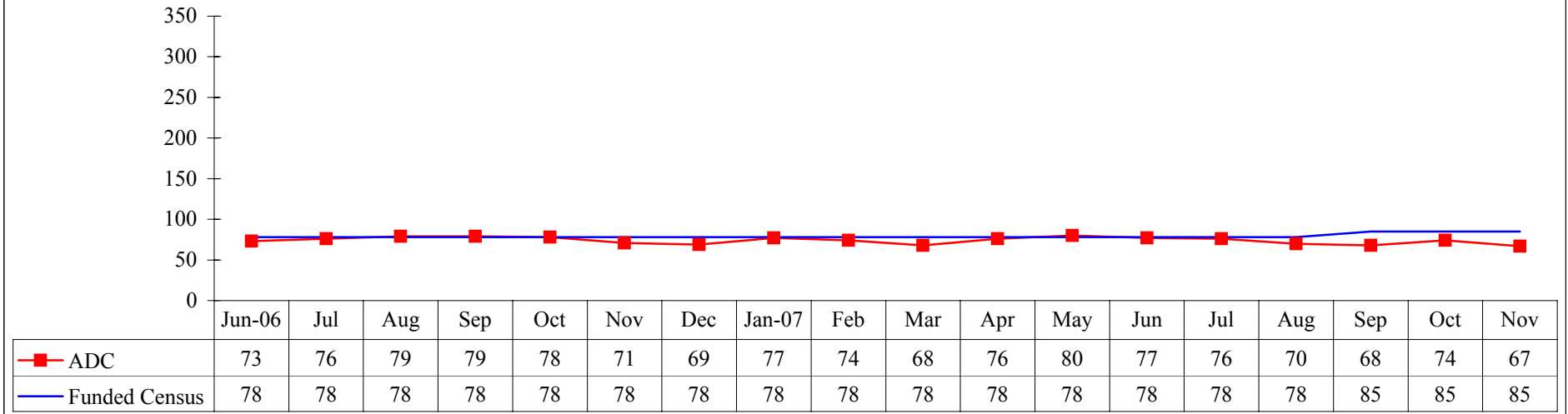
Objective 1E & Measure 1C - Average Daily Census
Terrell State Hospital



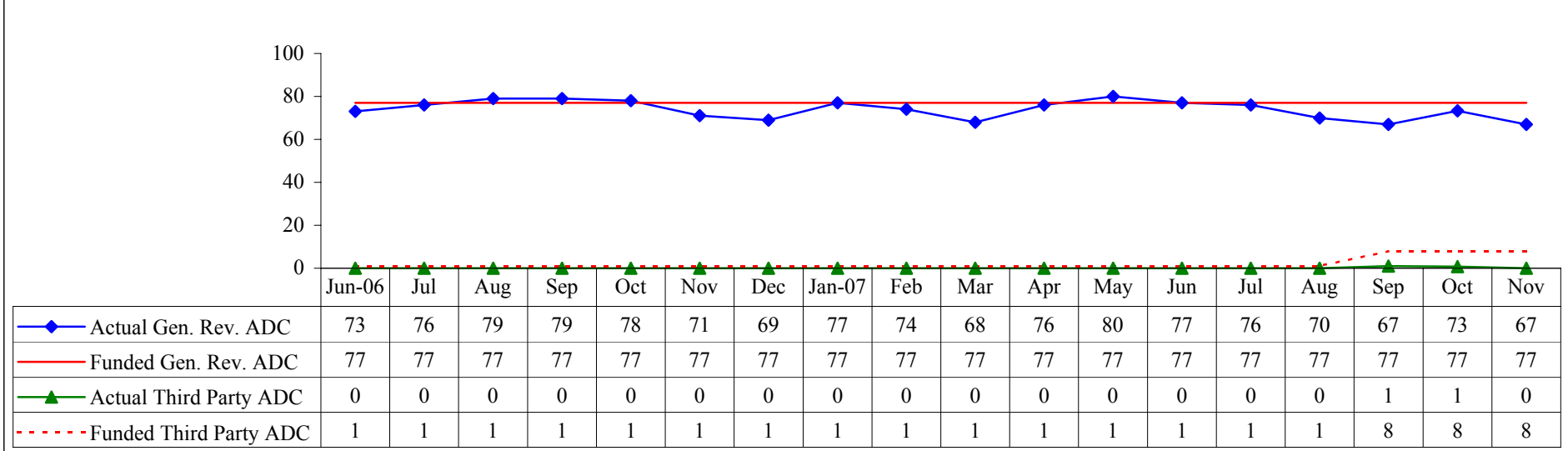
FY07 data revised using new coding

Objective 1E & Measure 1C - Average Daily Census
Waco Center For Youth

Average Daily Census



General Revenue & Third Party Average Daily Census



FY07 data revised using new coding

Performance Measure 1A:

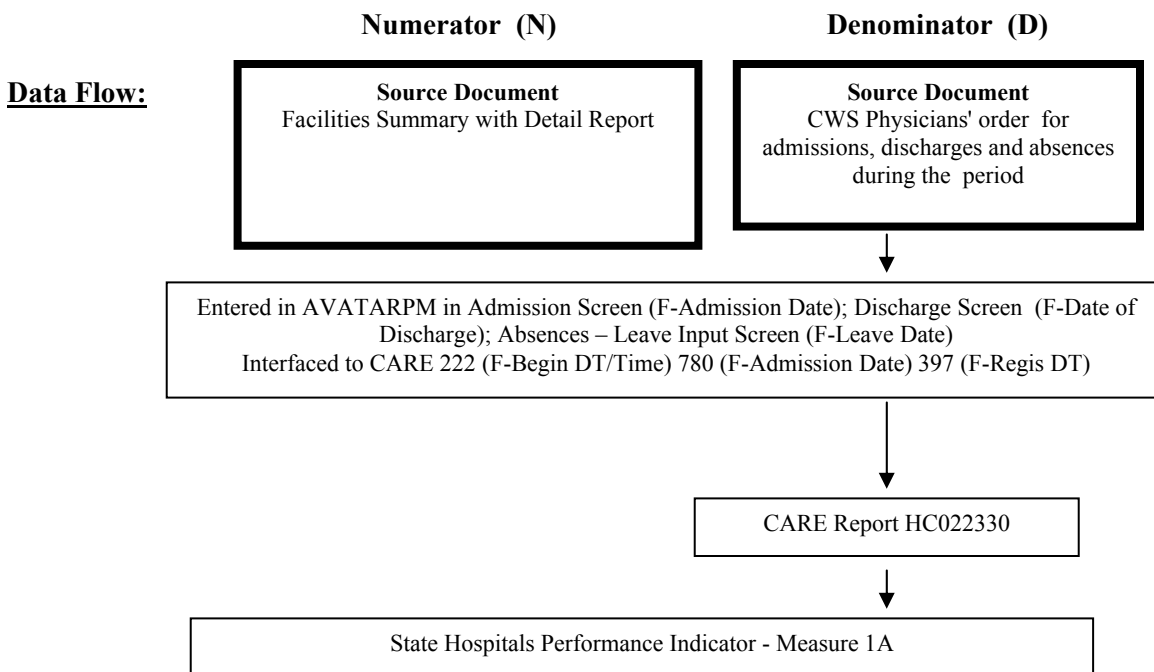
Average cost per patient served will be calculated and reported for each state hospital.

Performance Measure Operational Definition: State hospital cost per person served represents the average cost of care for an individual per FY quarter.

Performance Measure Formula: Quarterly Average Cost Per Patient = LBB Cost [total state hospital cost – (benefits + depreciation) / quarterly total bed days derived from the Cost Report] x Average Patient Days * During Period (unduplicated count of patient's served). *Average patient day's means the net stay in days at the component during the quarter divided by the number of unduplicated count of patient's served during the quarter.

Performance Measure Data Display and Chart Description:

- ◆ Table shows average patient days, cost per bed day and average cost for FY quarter for individual state hospitals and system-wide.
- ◆ Chart with accumulated quarterly data points of average cost per persons served for individual state hospitals and system-wide.



Measure 1A - Average Cost Per Patient Served
All State Hospitals

	FY05	FY06				FY07				FY08			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital													
Avg. Patient Days		22	21	20	20	20	20	20	20	22			
LBB Cost/Bed Day		\$319	\$381	\$372	\$377	\$375	\$387	\$392	\$397	\$395			
Average Cost	\$0	\$7,174	\$7,826	\$7,372	\$7,681	\$7,675	\$7,878	\$7,820	\$7,862	\$8,697			
Big Spring State Hospital													
Avg. Patient Days		38	41	40	39	39	36	42	39	39			
LBB Cost/Bed Day		\$334	\$381	\$336	\$332	\$354	\$369	\$377	\$377	\$364			
Average Cost	\$0	\$12,812	\$15,507	\$13,474	\$12,899	\$13,850	\$13,427	\$15,717	\$14,579	\$14,201			
El Paso Psychiatric Center													
Avg. Patient Days		18	23	20	20	19	22	21	20	19			
LBB Cost/Bed Day		\$431	\$453	\$463	\$452	\$469	\$467	\$461	\$504	\$447			
Average Cost	\$0	\$7,949	\$10,333	\$9,153	\$9,157	\$8,736	\$10,252	\$9,529	\$10,247	\$8,674			
Kerrville State Hospital													
Avg. Patient Days		68	64	63	65	63	66	65	65	65			
LBB Cost/Bed Day		\$289	\$334	\$342	\$350	\$337	\$329	\$345	\$333	\$328			
Average Cost	\$0	\$19,754	\$21,226	\$21,381	\$22,663	\$21,373	\$21,693	\$22,473	\$21,726	\$21,275			
North Texas State Hospital													
Avg. Patient Days		46	46	48	45	47	46	46	46	45			
LBB Cost/Bed Day		\$303	\$356	\$331	\$337	\$349	\$388	\$382	\$416	\$387			
Average Cost	\$0	\$13,972	\$16,315	\$15,855	\$15,230	\$16,363	\$17,961	\$17,706	\$19,000	\$17,471			
Rusk State Hospital													
Avg. Patient Days		35	36	37	37	37	42	37	37	38			
LBB Cost/Bed Day		\$298	\$346	\$339	\$339	\$361	\$387	\$368	\$371	\$343			
Average Cost	\$0	\$10,506	\$12,307	\$12,405	\$12,465	\$13,351	\$16,137	\$13,686	\$13,701	\$12,894			
San Antonio State Hospital													
Avg. Patient Days		24	24	24	24	25	34	27	28	29			
LBB Cost/Bed Day		\$341	\$486	\$357	\$410	\$398	\$397	\$429	\$431	\$404			
Average Cost	\$0	\$8,314	\$11,892	\$8,459	\$9,885	\$10,121	\$13,542	\$11,716	\$12,148	\$11,663			

Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

Measure 1A - Average Cost Per Patient Served
All State Hospitals

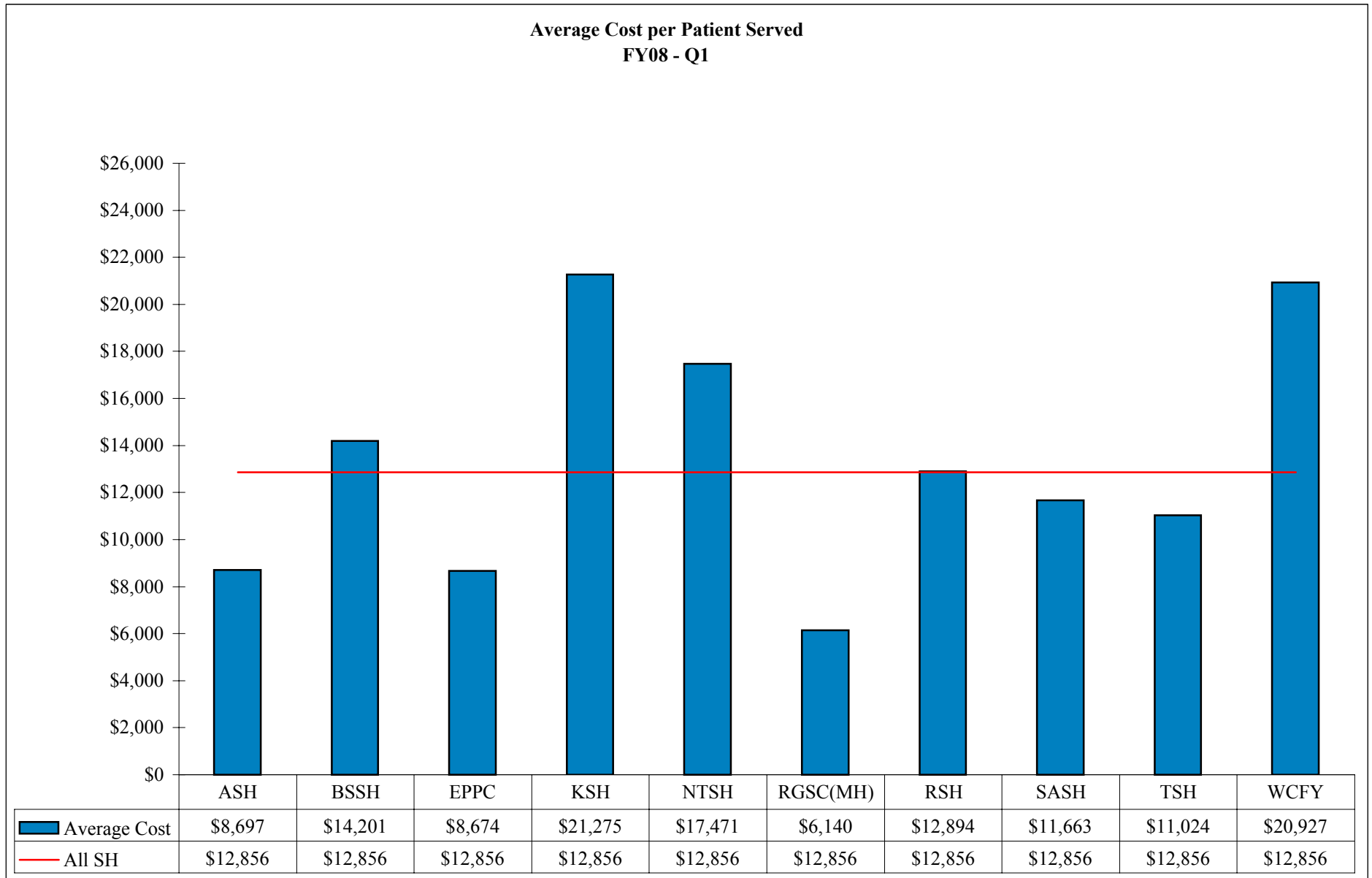
	FY05	FY06				FY07				FY08			
	FYTD	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital													
Avg. Patient Days		31	31	32	31	31	29	31	32	31			
LBB Cost/Bed Day		\$302	\$361	\$340	\$332	\$350	\$361	\$354	\$361	\$351			
Average Cost	\$0	\$9,303	\$11,104	\$10,786	\$10,315	\$10,843	\$10,578	\$10,935	\$11,647	\$11,024			
Waco Center for Youth*													
Avg. Patient Days		61	59	67	57	62	61	59	56	62			
LBB Cost/Bed Day		\$292	\$304	\$302	\$339	\$306	\$363	\$333	\$404	\$339			
Average Cost	\$0	\$17,836	\$18,015	\$20,391	\$19,440	\$18,892	\$22,093	\$19,484	\$22,804	\$20,927			
Rio Grande State Center (MH)													
Avg. Patient Days		13	14	16	15	15	14	16	12	16			
LBB Cost/Bed Day		\$606	\$926	\$677	\$448	\$402	\$412	\$519	\$537	\$382			
Average Cost	\$0	\$8,145	\$12,658	\$10,828	\$6,704	\$5,946	\$5,682	\$8,231	\$6,519	\$6,140			
All State Hospitals													
Avg. Patient Days	33	34	34	34	32	34	35	34	34	35			
LBB Cost/Bed Day	\$325	\$319	\$385	\$359	\$356	\$362	\$381	\$383	\$396	\$373			
Average Cost	\$10,840	\$10,813	\$13,094	\$12,185	\$11,554	\$12,197	\$13,384	\$12,961	\$13,342	\$12,856			

Revised Q4 FY07

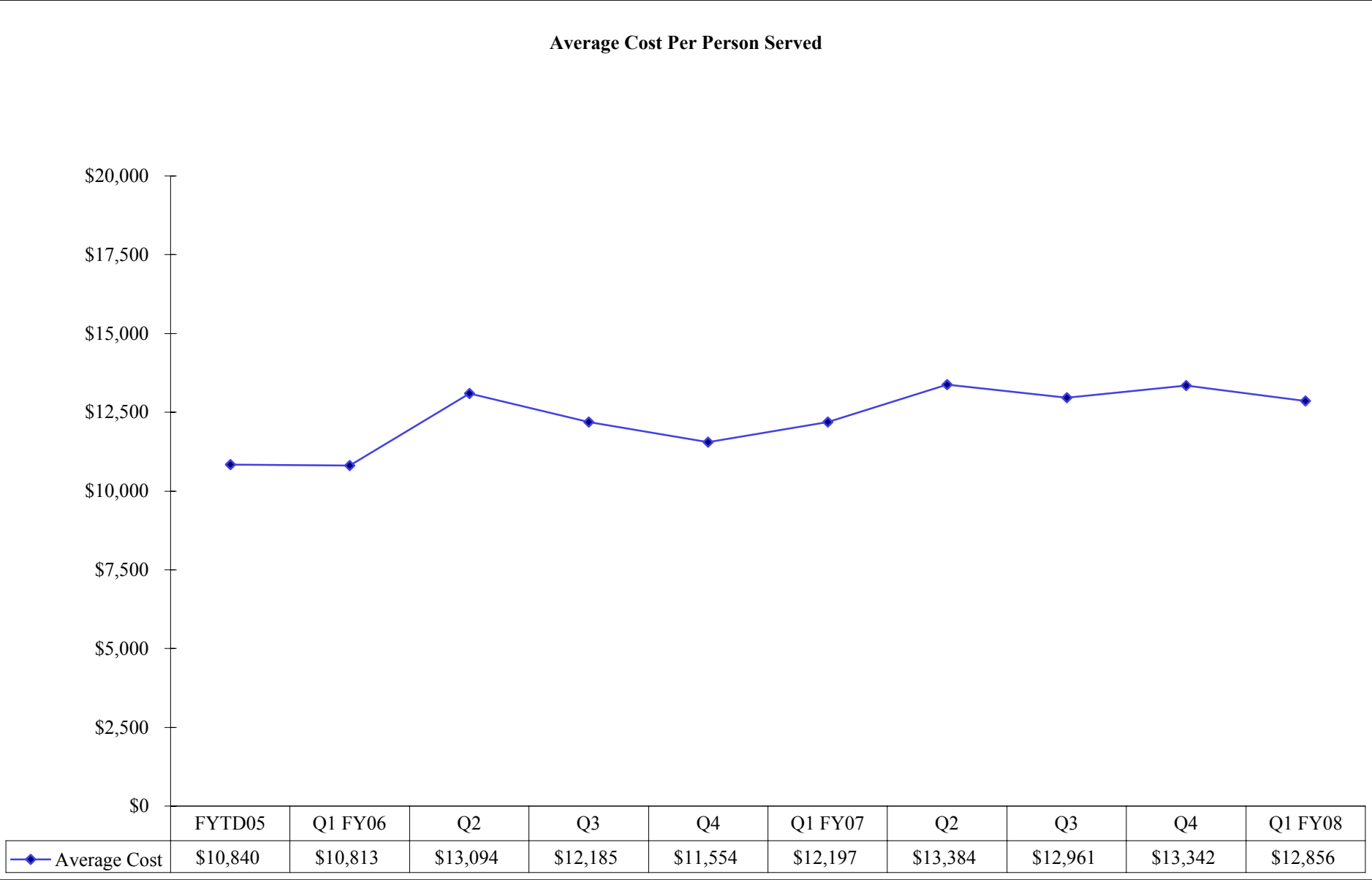
Starting with FY03 Q2 - RGSC (MH) is included in All SMHF Average Cost.

LBB Cost - total facility expense minus benefits and depreciation

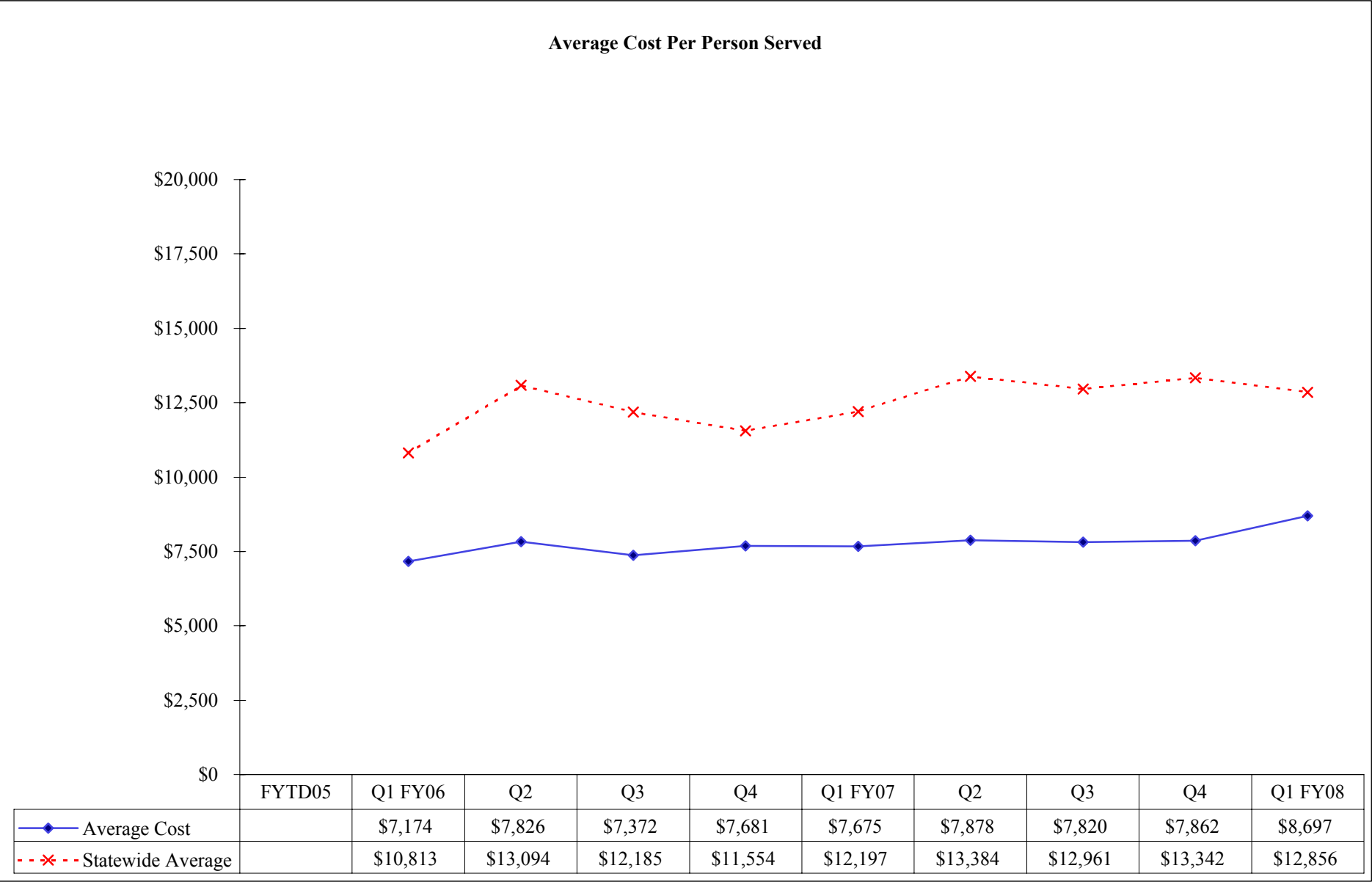
Measure 1A - Average Cost Per Patient Served
All State Hospitals



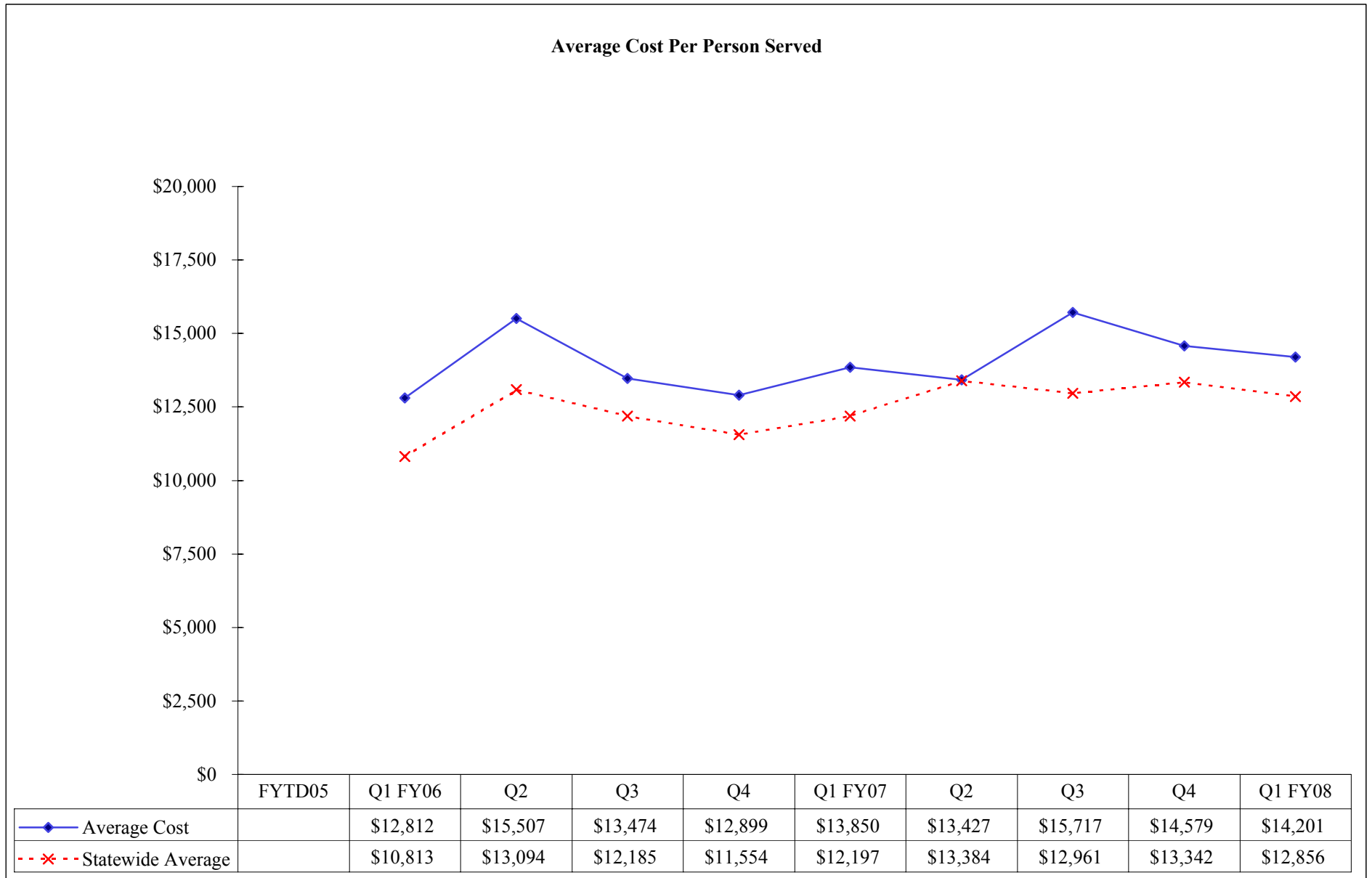
Measure 1A - Average Cost Per Patient Served
All State Hospitals



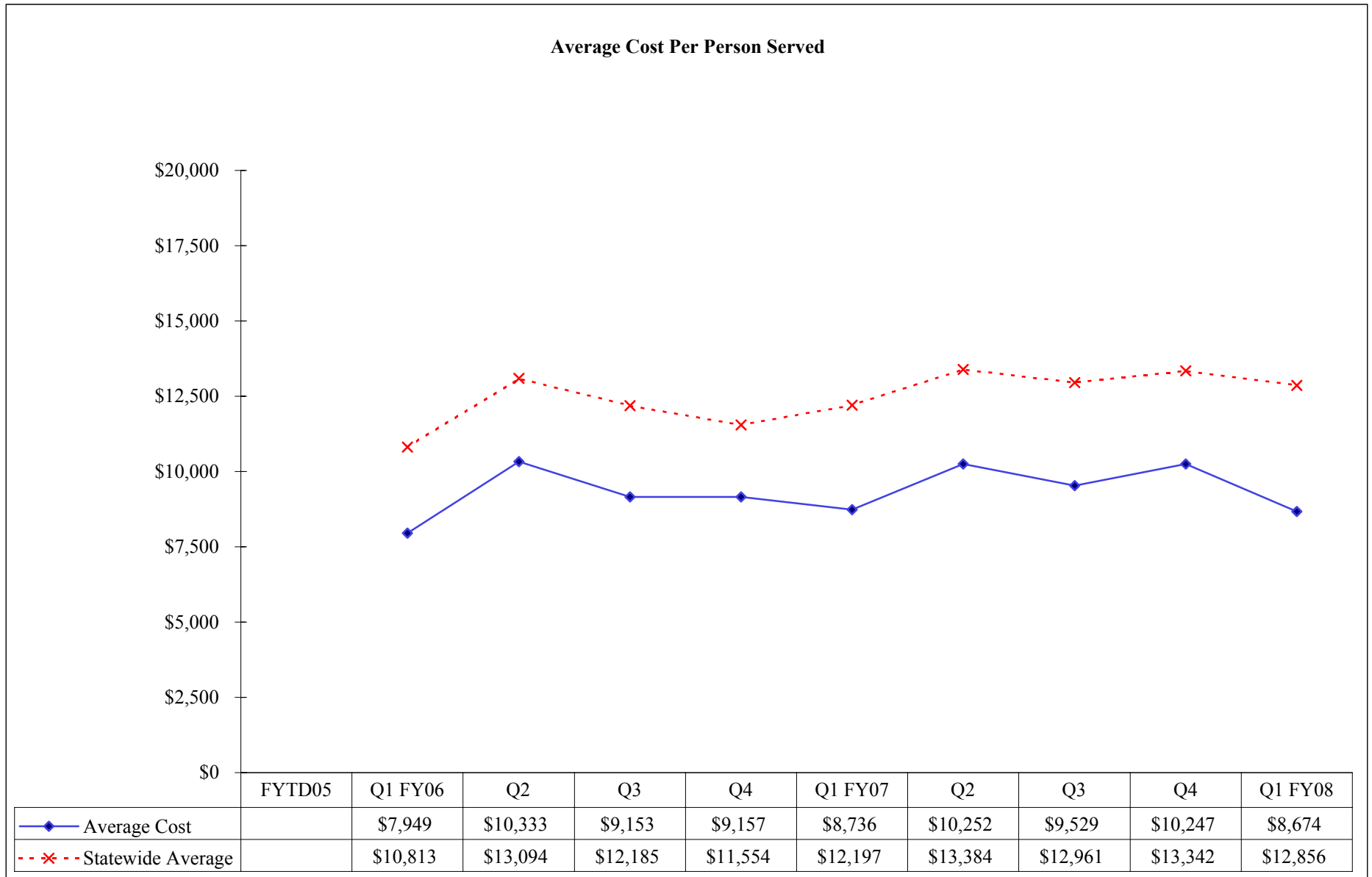
Measure 1A - Average Cost Per Patient Served
Austin State Hospital



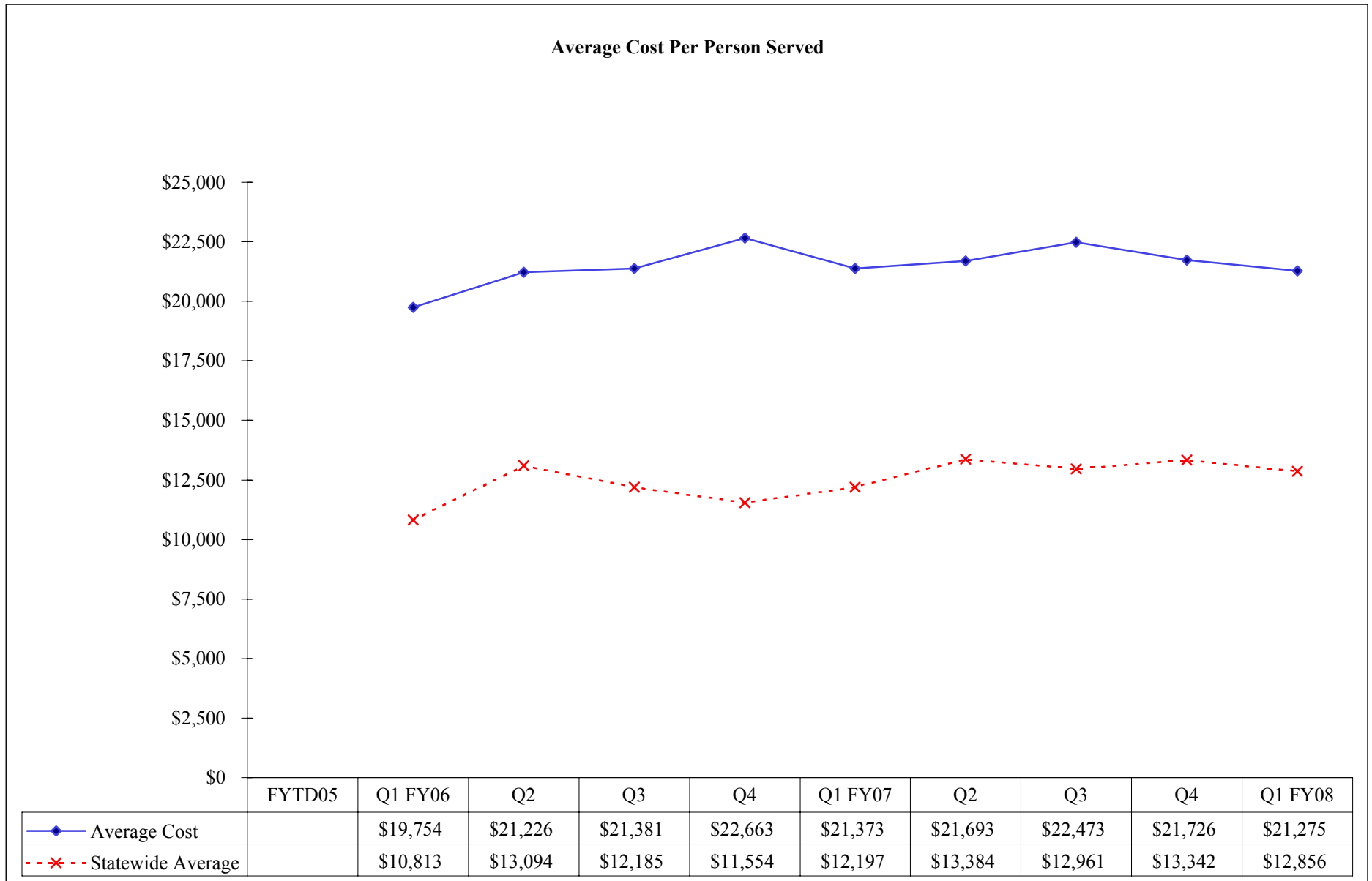
Measure 1A - Average Cost Per Patient Served
Big Spring State Hospital



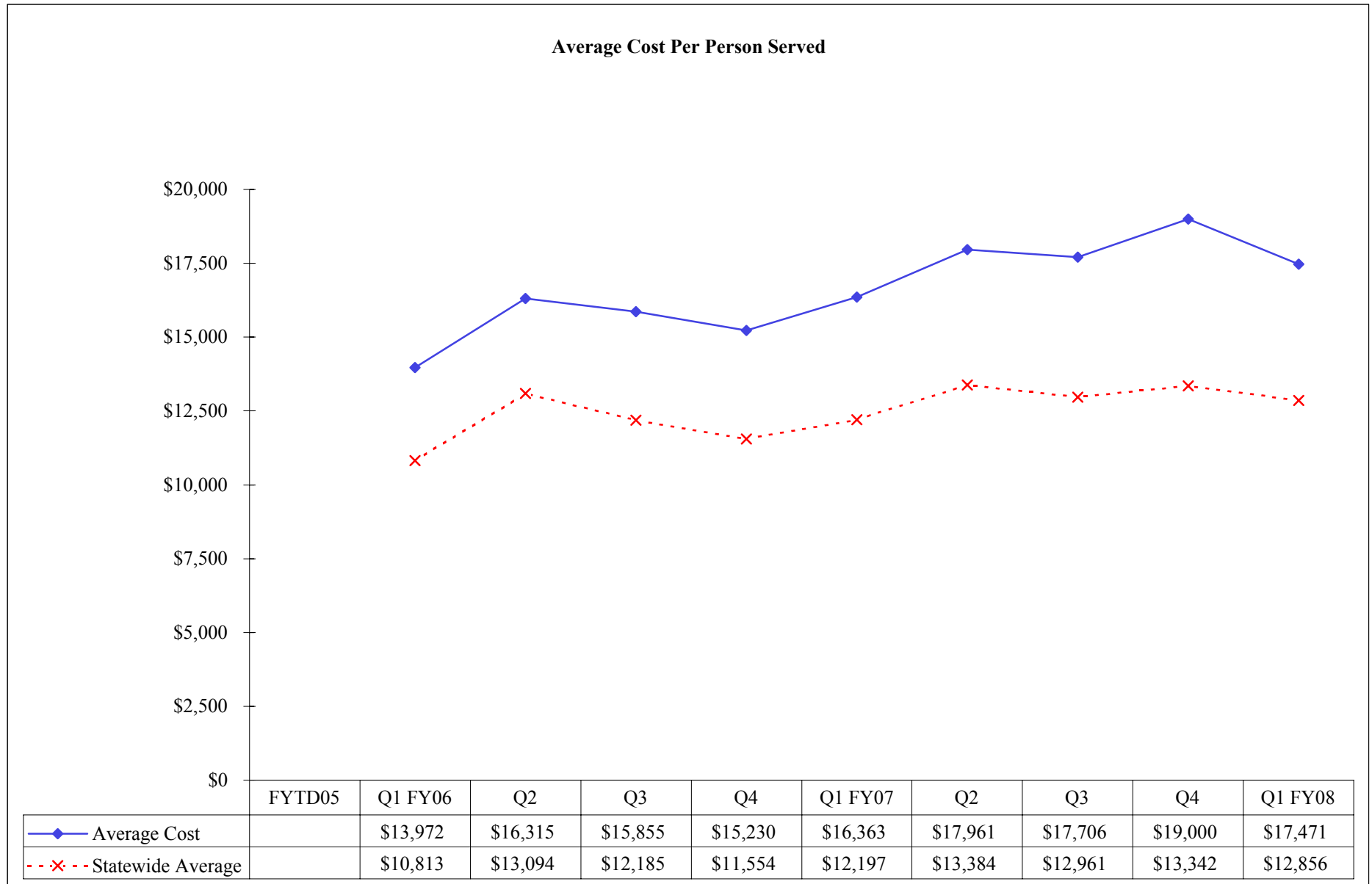
Measure 1A - Average Cost Per Patient Served
El Paso Psychiatric Center



Measure 1A - Average Cost Per Patient Served
Kerrville State Hospital

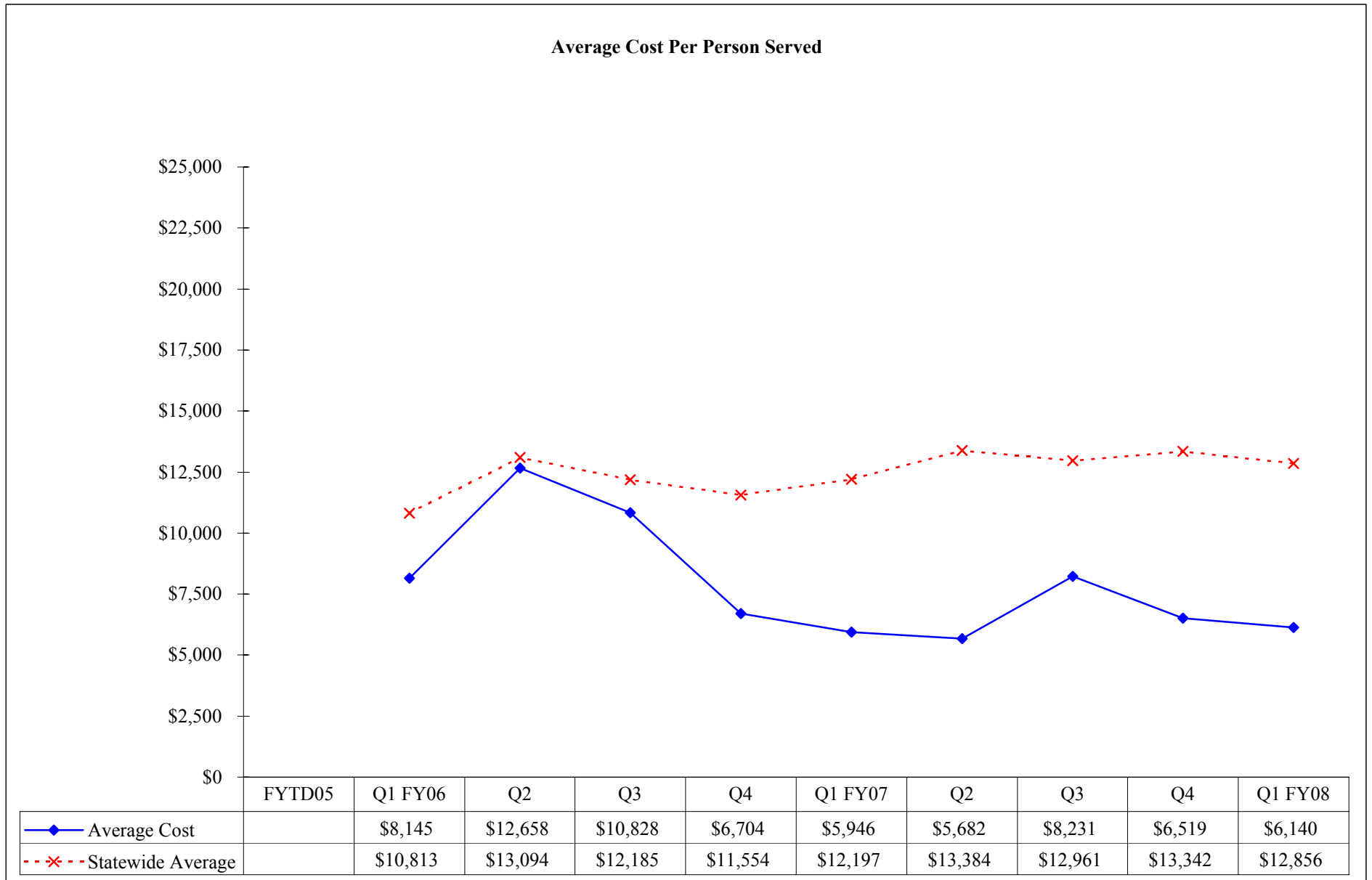


Measure 1A - Average Cost Per Patient Served
North Texas State Hospital



Source: CARE Report HC022330,
Financial Statistical Report-Fiscal Services;
FY06 - Direct Communication from FSHS Budgeting Forecasting Dept.

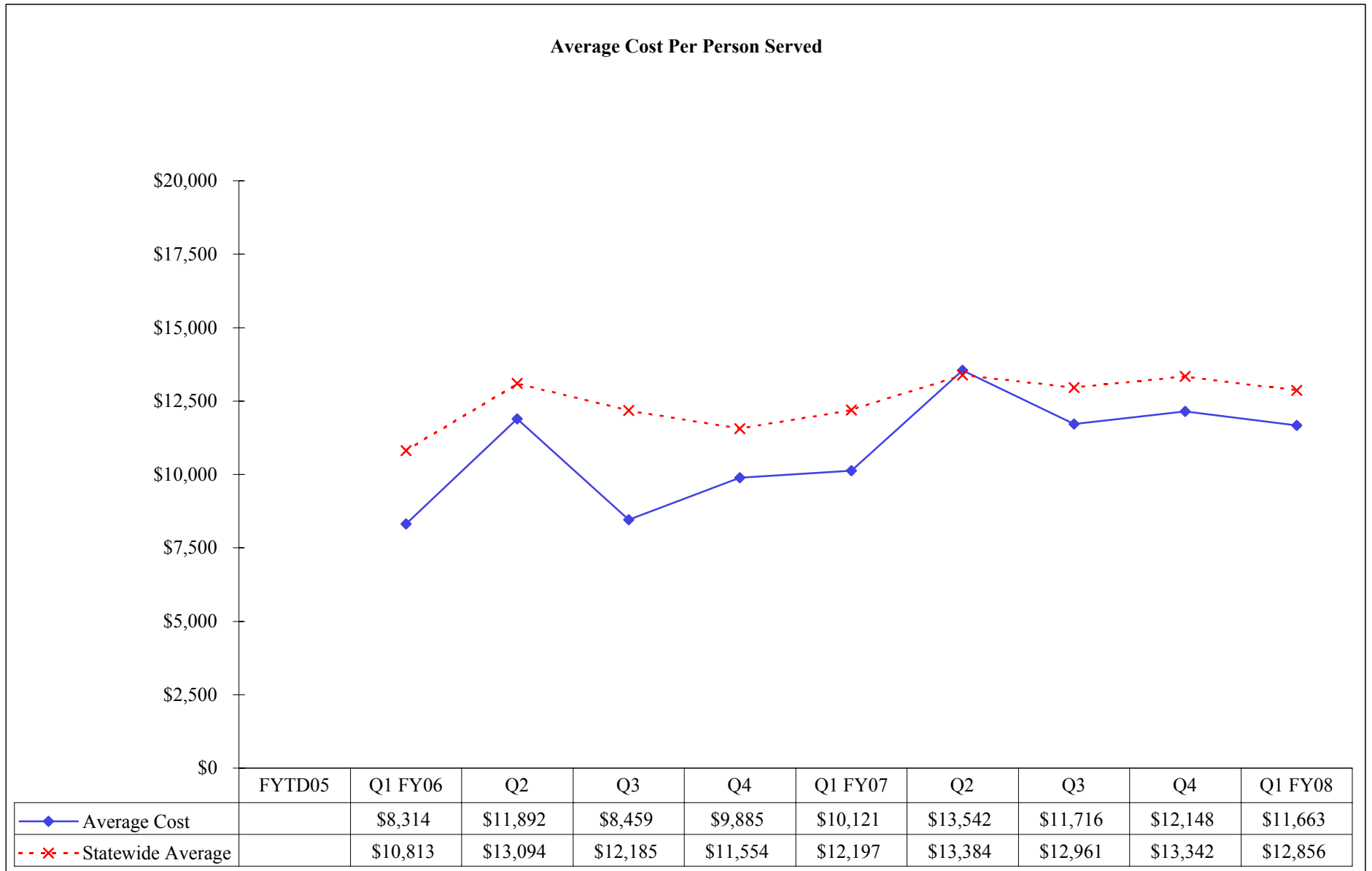
Measure 1A - Average Cost Per Patient Served
Rio Grande State Center (MH only)



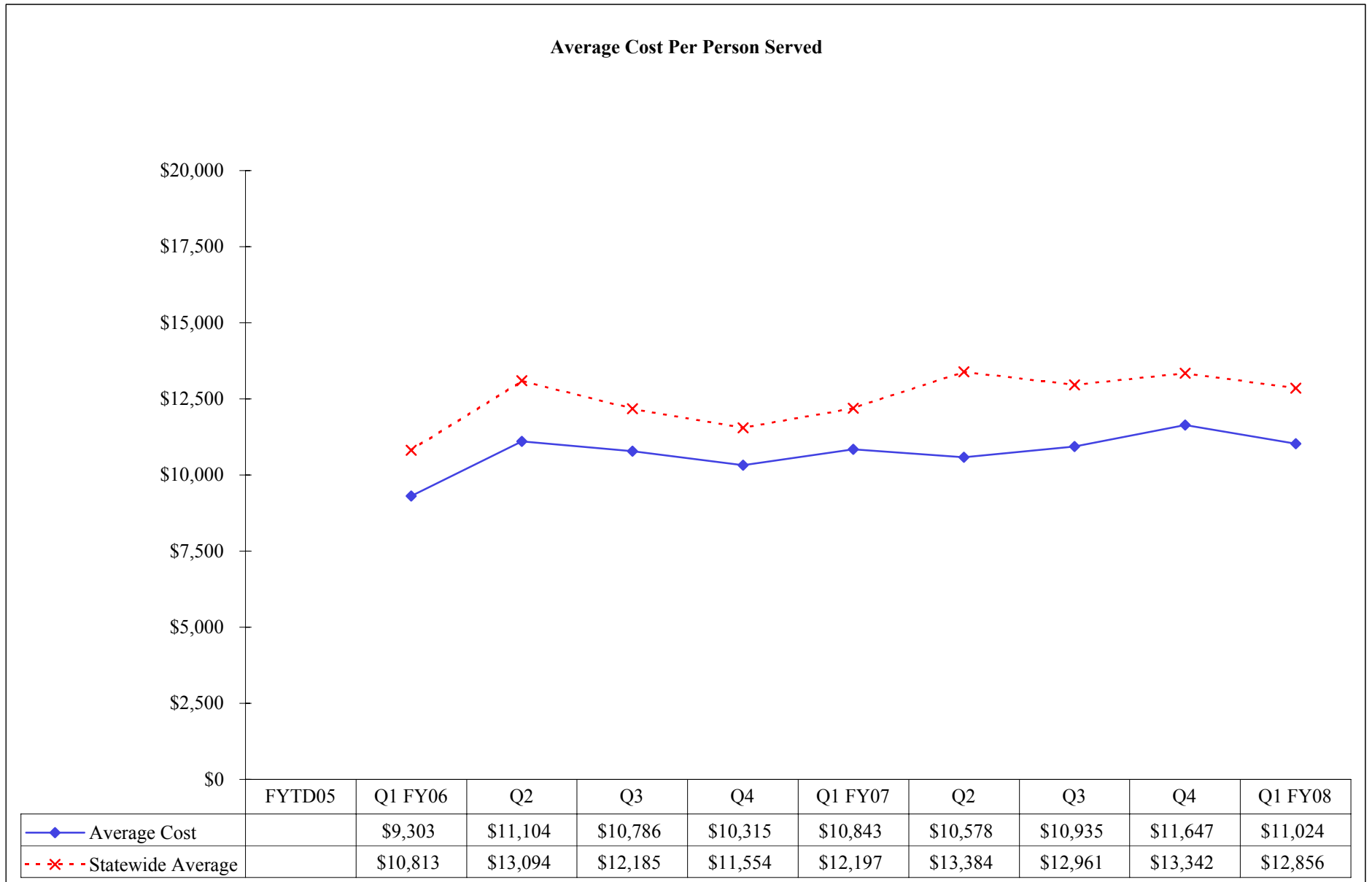
Measure 1A - Average Cost Per Patient Served
Rusk State Hospital



Measure 1A - Average Cost Per Patient Served
San Antonio State Hospital



Measure 1A - Average Cost Per Patient Served
Terrell State Hospital



Measure 1A - Average Cost Per Patient Served
Waco Center for Youth



Performance Measure 1B:

Average cost per occupied bed day will be calculated and reported for each state hospital.

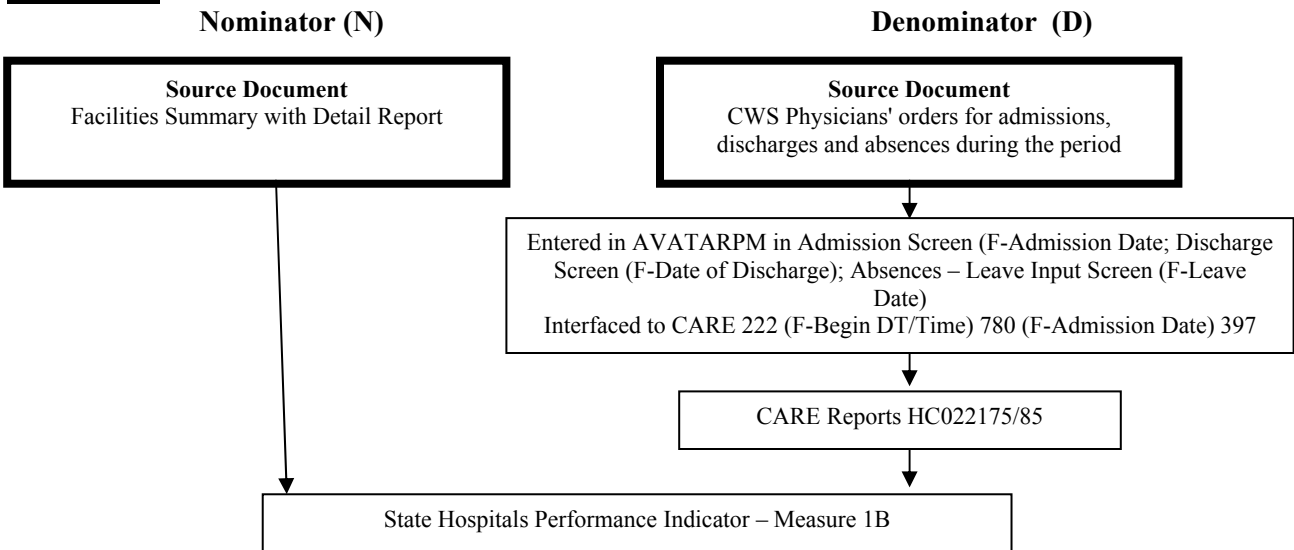
Performance Measure Operational Definition: The state hospital average cost per occupied bed day.

Performance Measure Formula: The state hospital's average cost per occupied bed day per FY quarter is calculated. $\text{Appropriated Fund Cost (for LBB)} = \frac{\text{Total State Hospital Expense} - (\text{Benefits} + \text{Depreciation})}{\text{Total Bed Days}}$

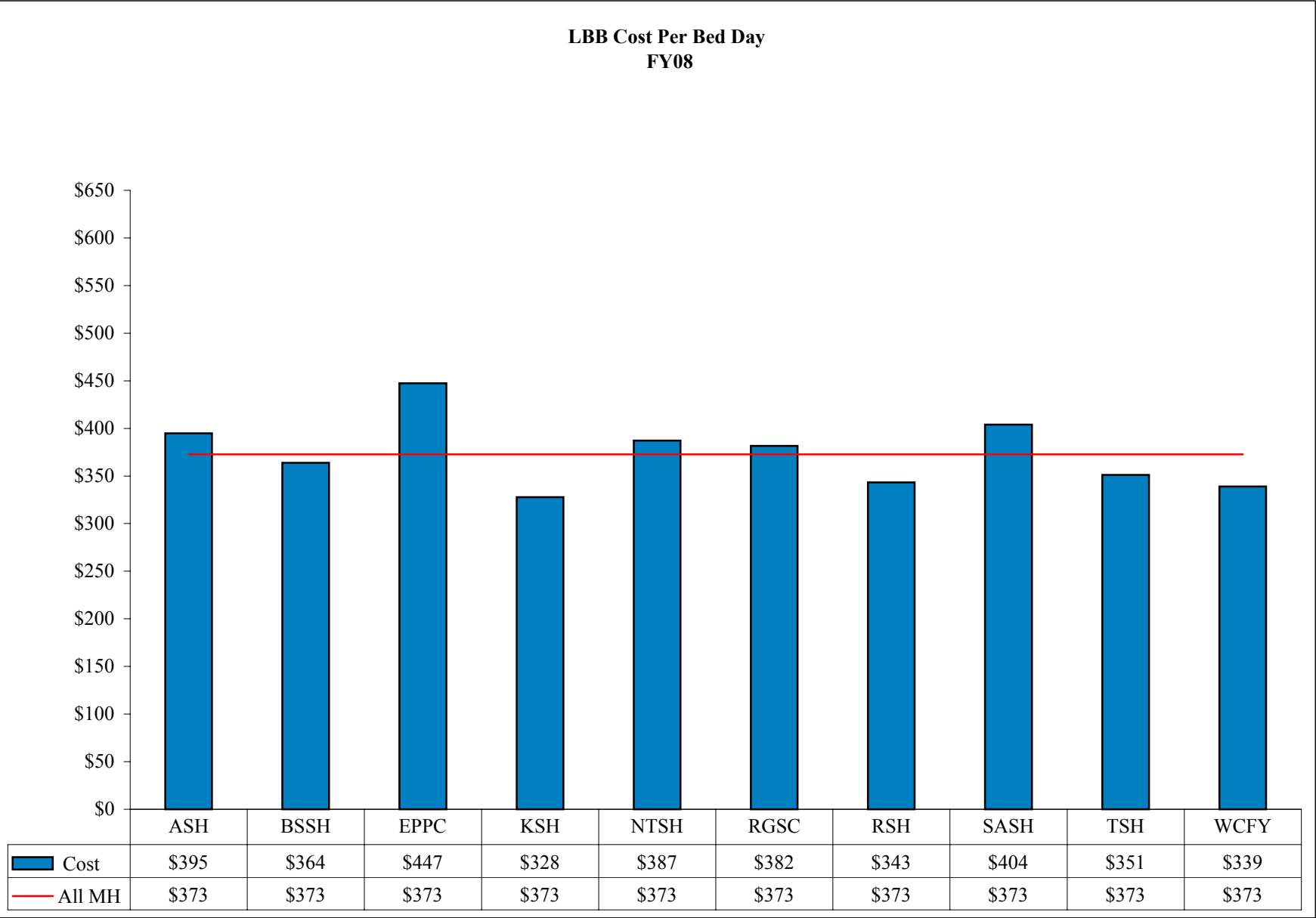
Performance Measure Data Display and Chart Description:

- ◆ Table shows LBB cost per bed day for FY quarter for individual state hospitals and system-wide.
- ◆ Chart with quarterly data points of LBB cost per bed day for FY quarter for individual state hospitals and system-wide.

Data Flow:



Measure 1B - Cost Per Bed Day
All State Hospitals



Measure 1B - Cost Per Bed Day
All State Hospitals

	FY04				FY05	FY06				FY07				FY08			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Austin State Hospital																	
Cost Per Bed Day	\$419	\$414	\$419	\$415													
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$456	\$460	\$461													
LBB Cost Per Bed Day	\$349	\$339	\$345	\$340		\$319	\$381	\$372	\$361	\$375	\$387	\$392	\$388	\$395			
Big Spring State Hospital																	
Cost Per Bed Day	\$522	\$492	\$467	\$451													
Cost Per Bed Day w/DICAP/SWICAP	\$575	\$547	\$520	\$512													
LBB Cost Per Bed Day	\$429	\$401	\$380	\$366		\$334	\$381	\$336	\$345	\$354	\$369	\$377	\$369	\$364			
El Paso Psychiatric Center																	
Cost Per Bed Day	\$533	\$515	\$499	\$509													
Cost Per Bed Day w/DICAP/SWICAP	\$538	\$519	\$503	\$521													
LBB Cost Per Bed Day	\$432	\$424	\$413	\$423		\$431	\$453	\$463	\$451	\$469	\$467	\$461	\$475	\$447			
Kerrville State Hospital																	
Cost Per Bed Day	\$438	\$430	\$417	\$405													
Cost Per Bed Day w/DICAP/SWICAP	\$480	\$474	\$460	\$456													
LBB Cost Per Bed Day	\$351	\$345	\$334	\$325		\$289	\$334	\$342	\$328	\$337	\$329	\$345	\$336	\$328			
North Texas State Hospital																	
Cost Per Bed Day	\$379	\$378	\$375	\$370													
Cost Per Bed Day w/DICAP/SWICAP	\$412	\$413	\$409	\$406													
LBB Cost Per Bed Day	\$307	\$305	\$302	\$298		\$303	\$356	\$331	\$331	\$349	\$388	\$382	\$383	\$387			
Rusk State Hospital																	
Cost Per Bed Day	\$419	\$413	\$399	\$398													
Cost Per Bed Day w/DICAP/SWICAP	\$459	\$454	\$439	\$442													
LBB Cost Per Bed Day	\$342	\$334	\$323	\$322		\$298	\$346	\$339	\$331	\$361	\$387	\$368	\$371	\$343			
San Antonio State Hospital																	
Cost Per Bed Day	\$453	\$441	\$419	\$411													
Cost Per Bed Day w/DICAP/SWICAP	\$496	\$486	\$463	\$458													
LBB Cost Per Bed Day	\$374	\$361	\$340	\$334		\$341	\$486	\$357	\$396	\$398	\$397	\$429	\$414	\$404			
Terrell State Hospital																	
Cost Per Bed Day	\$404	\$397	\$389	\$384													
Cost Per Bed Day w/DICAP/SWICAP	\$443	\$438	\$428	\$427													
LBB Cost Per Bed Day	\$329	\$323	\$316	\$312		\$302	\$361	\$340	\$333	\$350	\$361	\$354	\$357	\$351			

LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

Measure 1B - Cost Per Bed Day
All State Hospitals

	FY04				FY05	FY06				FY07				FY08			
	Q1	Q2	Q3	FYTD	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD	Q1	Q2	Q3	FYTD
Waco Center for Youth*																	
Cost Per Bed Day	\$237	\$295	\$310	\$319													
Cost Per Bed Day w/DICAP/SWICAP	\$273	\$333	\$348	\$361													
LBB Cost Per Bed Day	\$168	\$227	\$242	\$252		\$292	\$304	\$302	\$309	\$306	\$363	\$333	\$351	\$339			
Rio Grande State Center (MH)																	
Cost Per Bed Day	\$556	\$530	\$525	\$524													
Cost Per Bed Day w/DICAP/SWICAP	\$621	\$596	\$596	\$600													
LBB Cost Per Bed Day	\$450	\$424	\$418	\$418		\$606	\$926	\$677	\$458	\$402	\$412	\$519	\$469	\$382			
All State Hospitals																	
Cost Per Bed Day	\$417	\$412	\$404	\$398													
Cost Per Bed Day w/DICAP/SWICAP	\$456	\$452	\$444	\$442													
LBB Cost Per Bed Day	\$340	\$334	\$327	\$322	\$325	\$319	\$385	\$352	\$348	\$362	\$381	\$383	\$380	\$373			

*WCFY - FY04 artificially low due to budget adjustments for prior fiscal year.

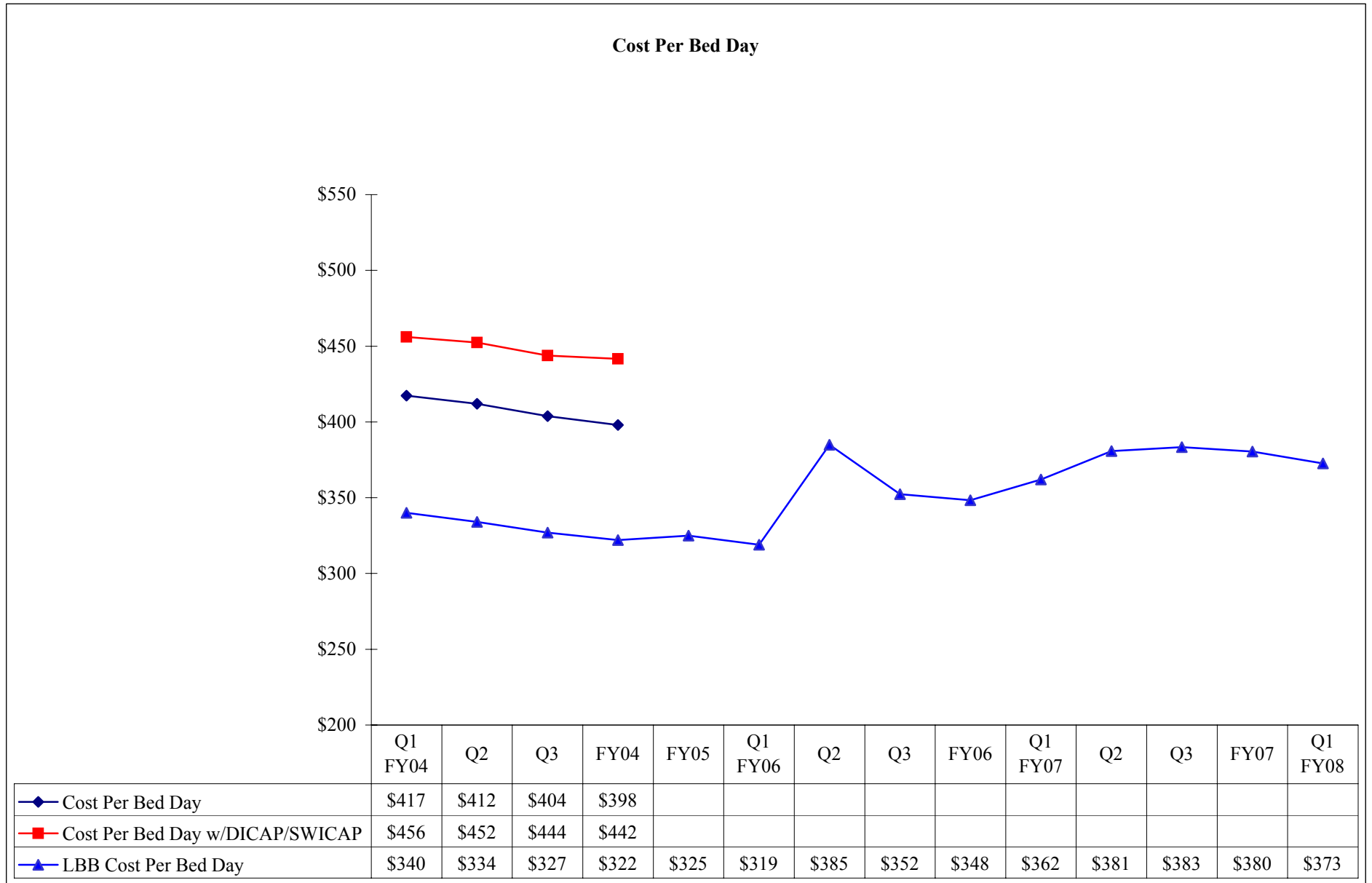
Q2 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department - HMDS still verifying numbers

Q1 FY06 - Data source is direct communication from DSHS Budgeting and Forecasting Department

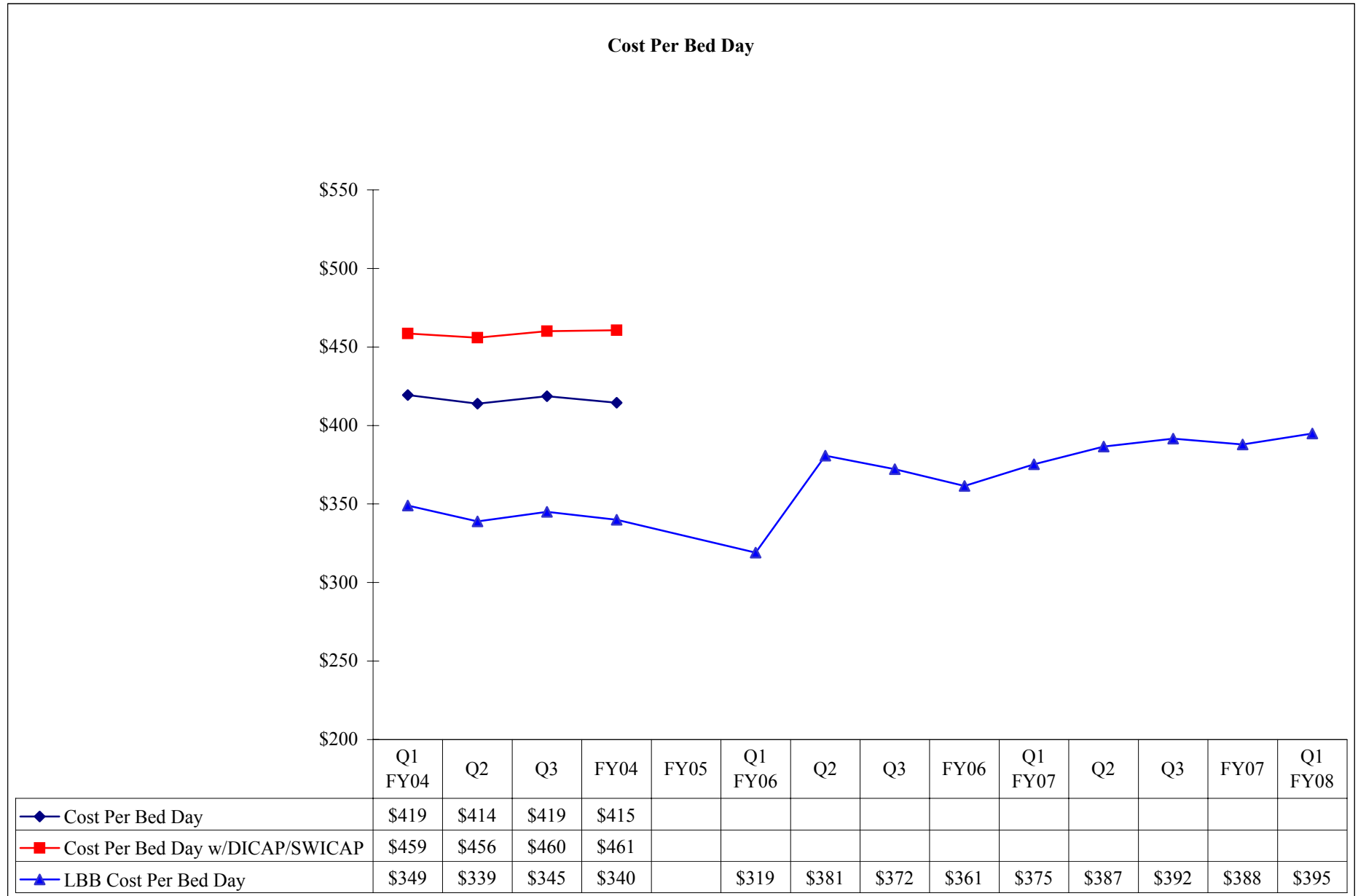
LBB Cost Per Bed Day = Total Financial Expenses minus Benefits and Depreciation

Starting with FY03 Q2 RGSC (MH) is included in All SMHF Average Cost.

Measure 1B - Cost Per Bed Day
All State Hospitals

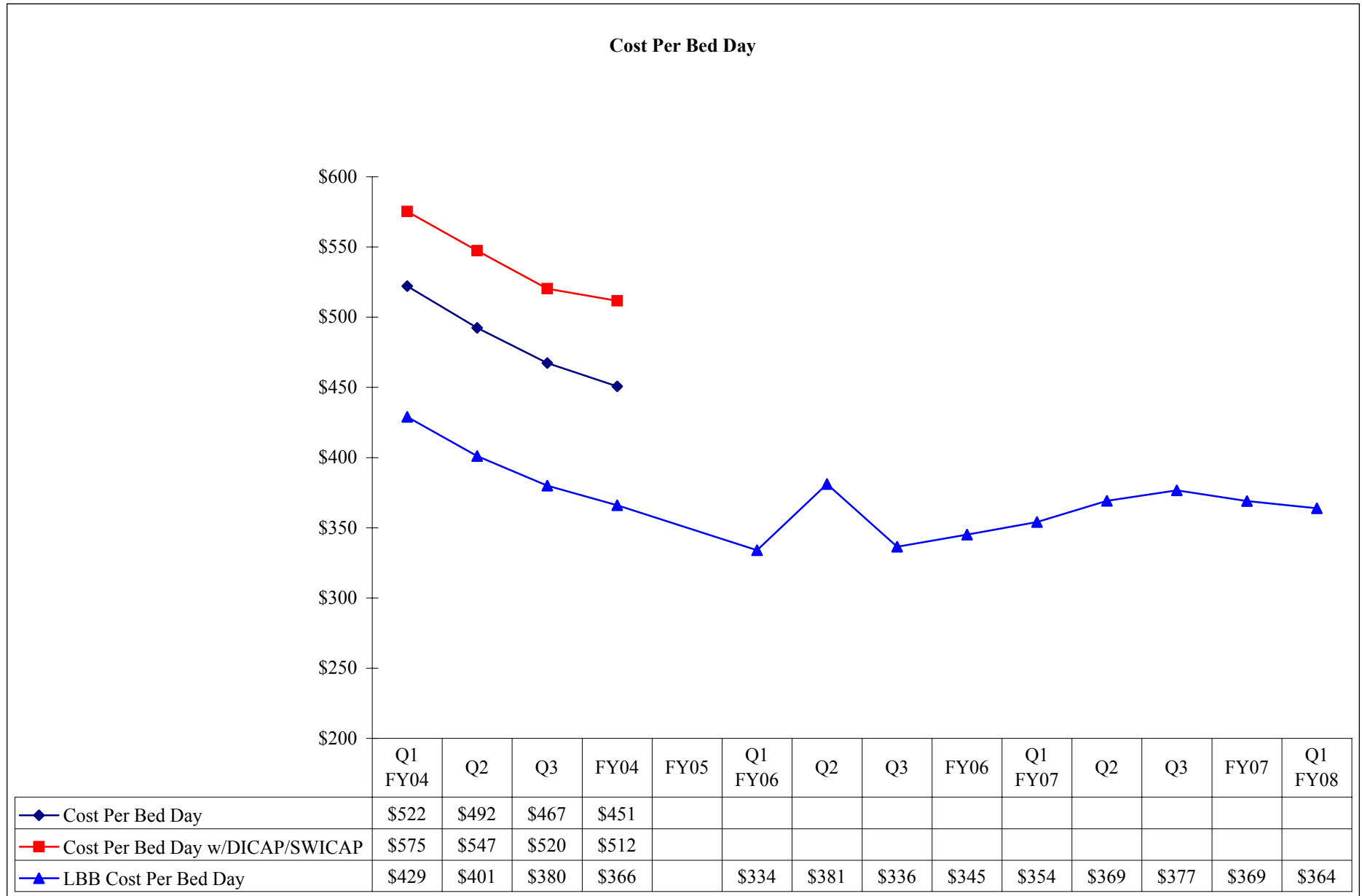


Measure 1B - Cost Per Bed Day
Austin State Hospital

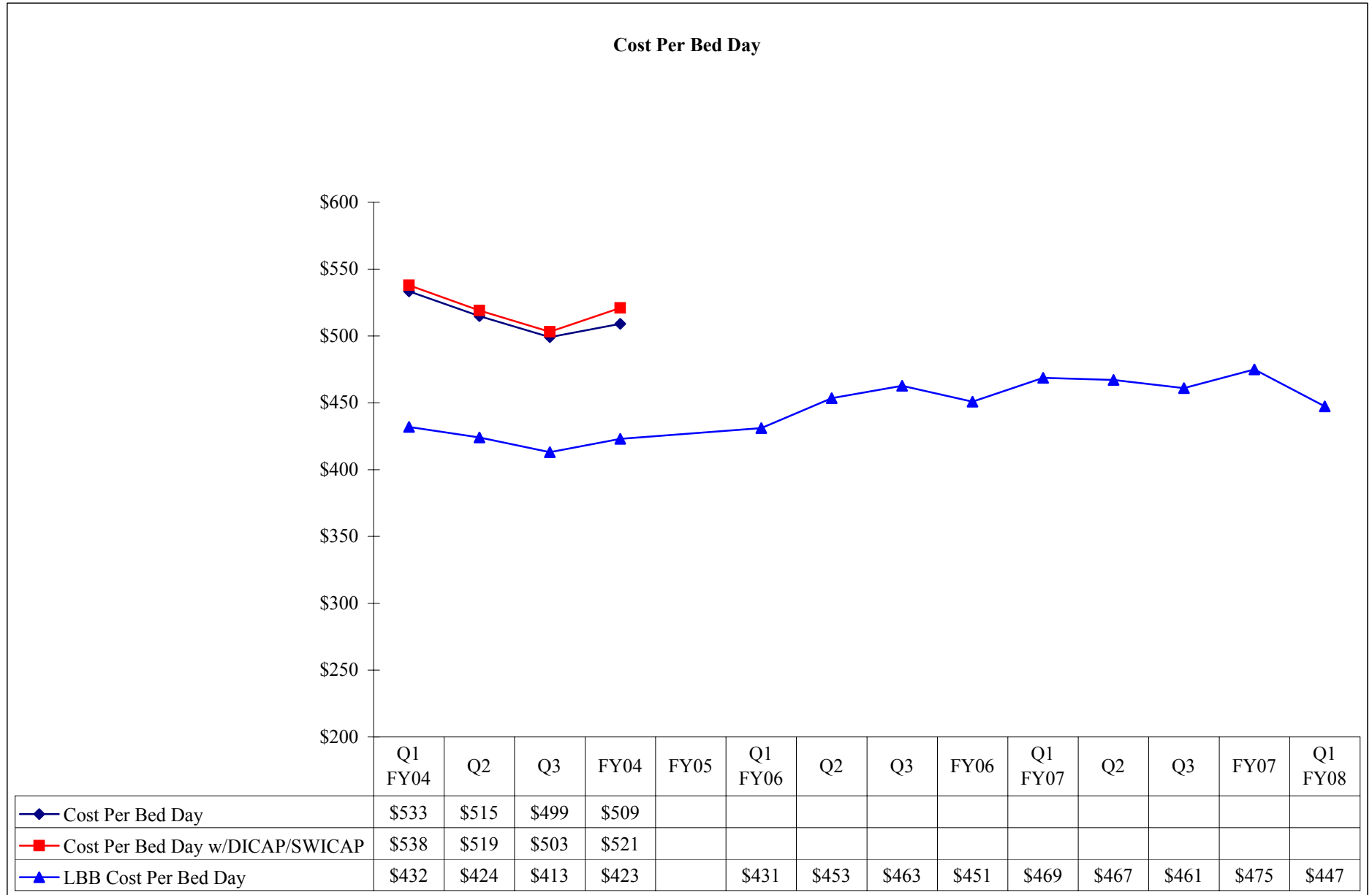


Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

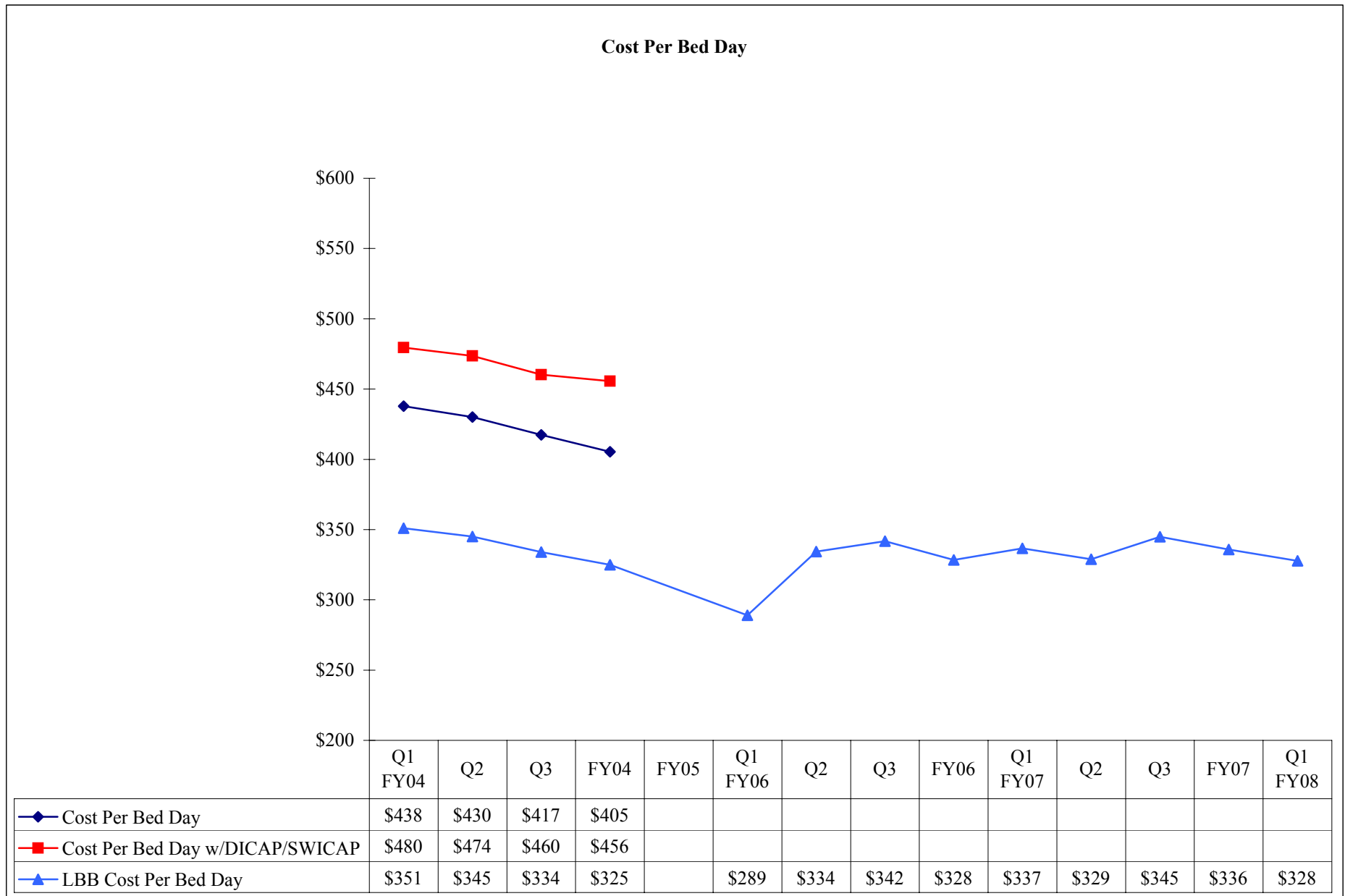
Measure 1B - Cost Per Bed Day
Big Spring State Hospital



Measure 1B - Cost Per Bed Day
El Paso Psychiatric Center

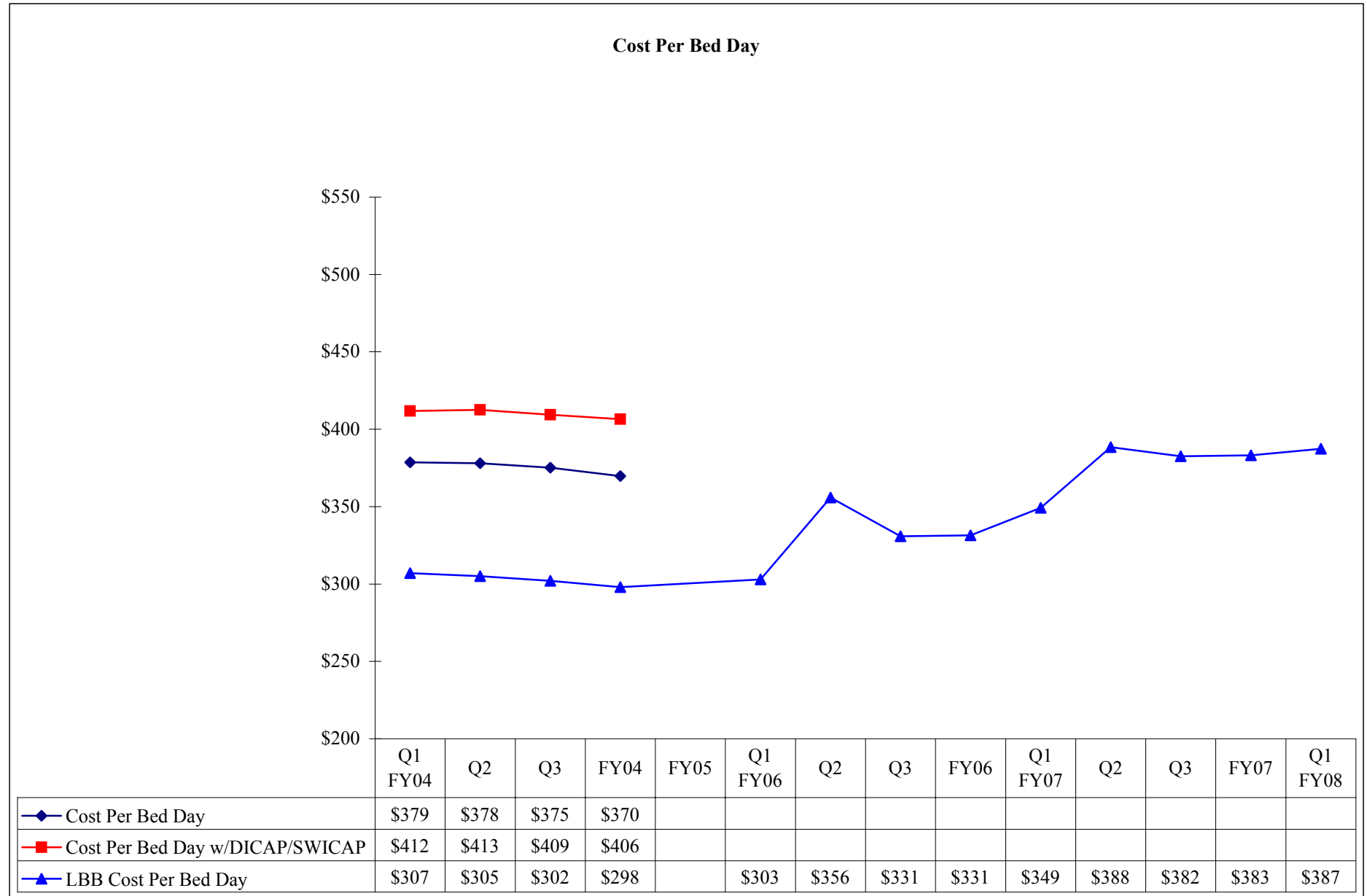


Measure 1B - Cost Per Bed Day
Kerrville State Hospital



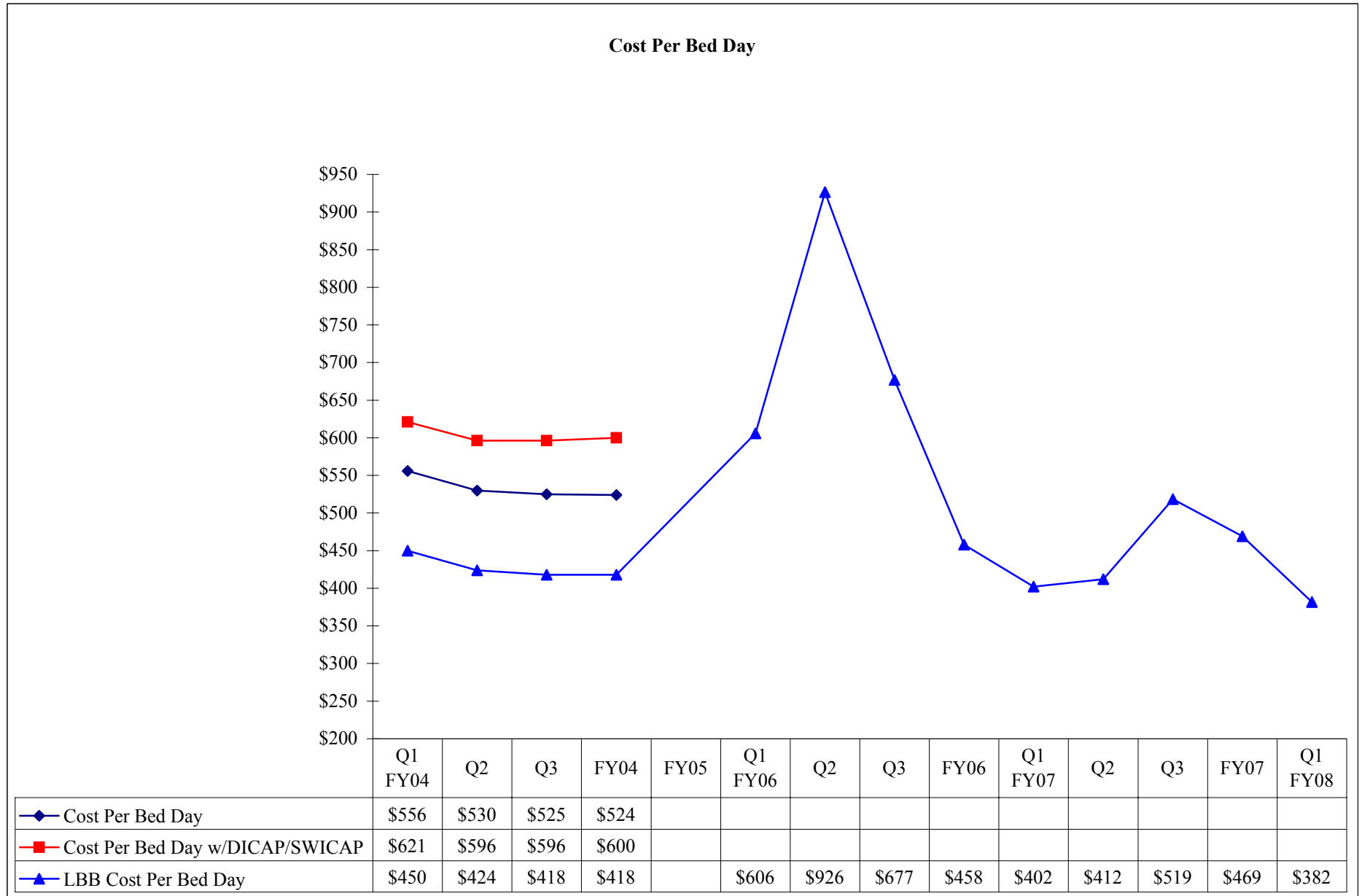
Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
North Texas State Hospital



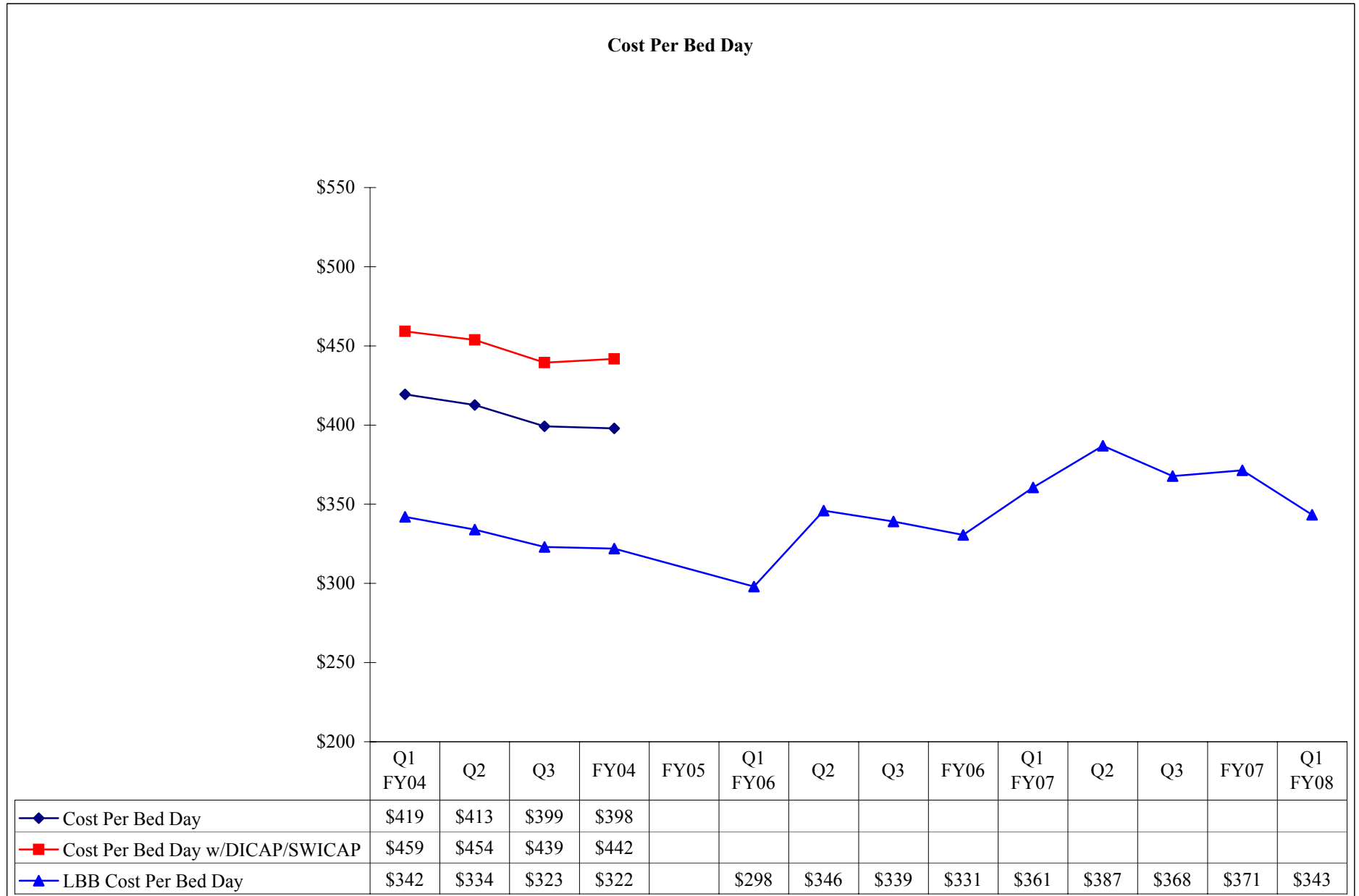
Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Rio Grande State Center (MH only)



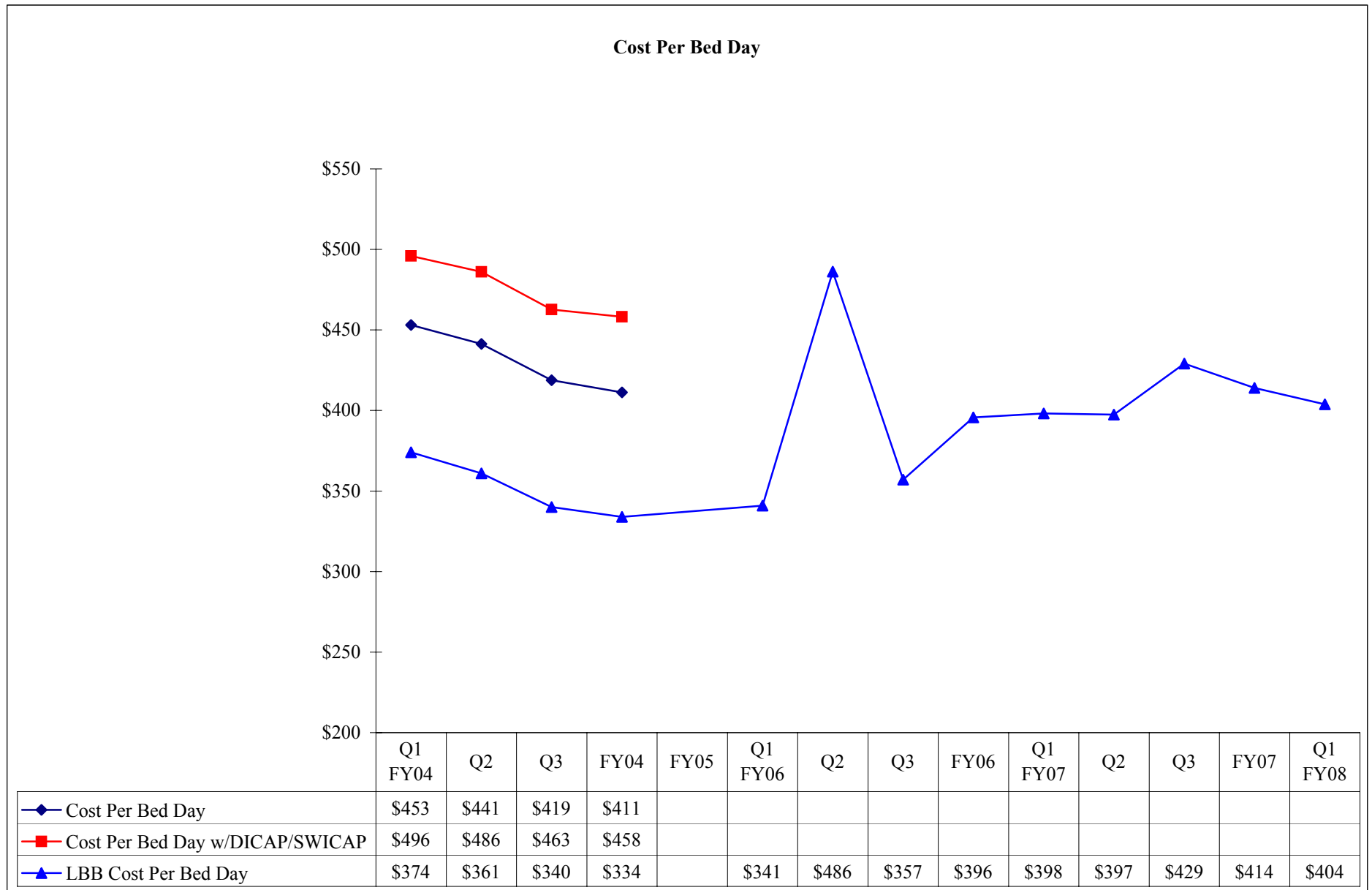
Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Rusk State Hospital

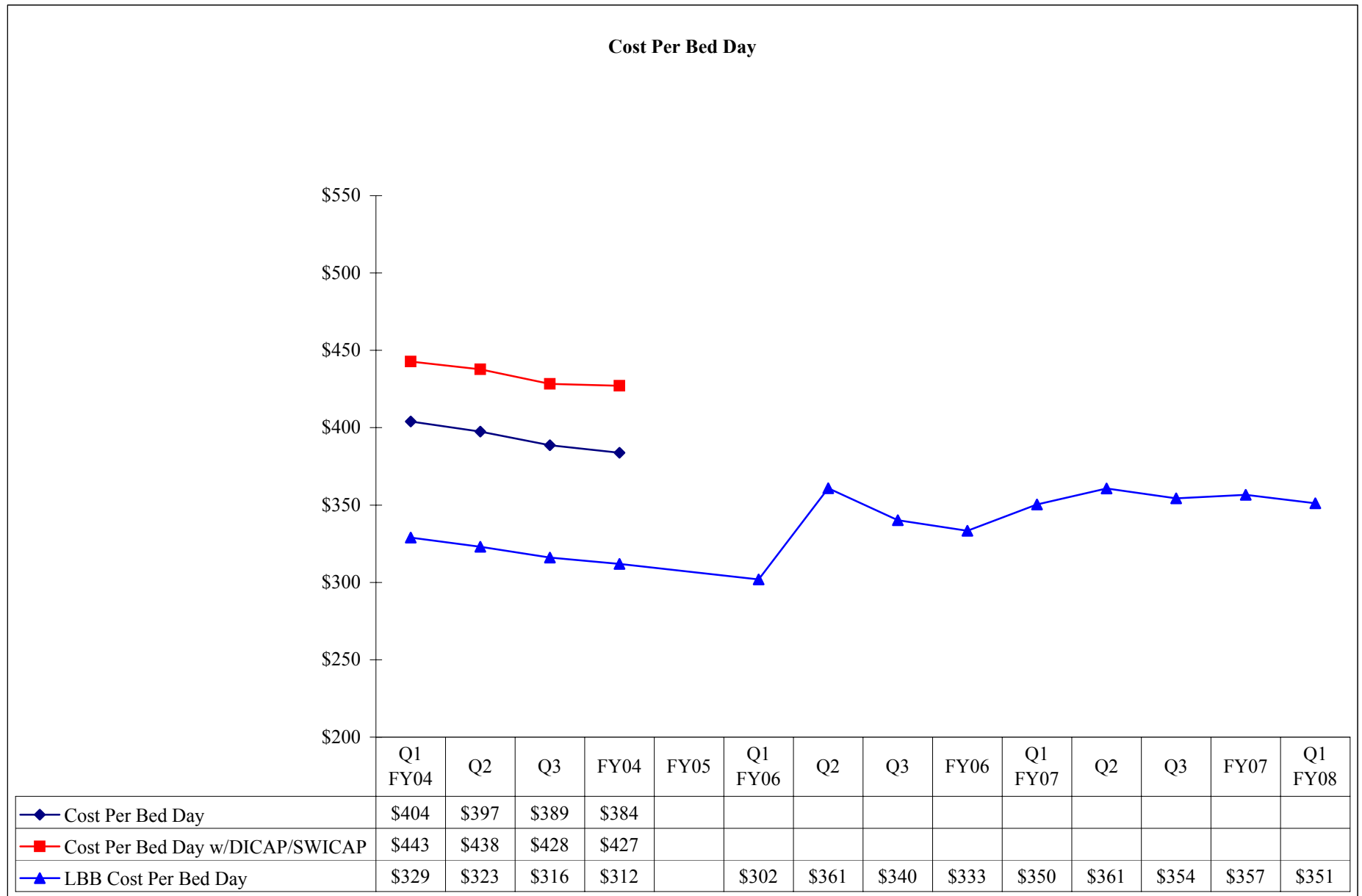


Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
San Antonio State Hospital

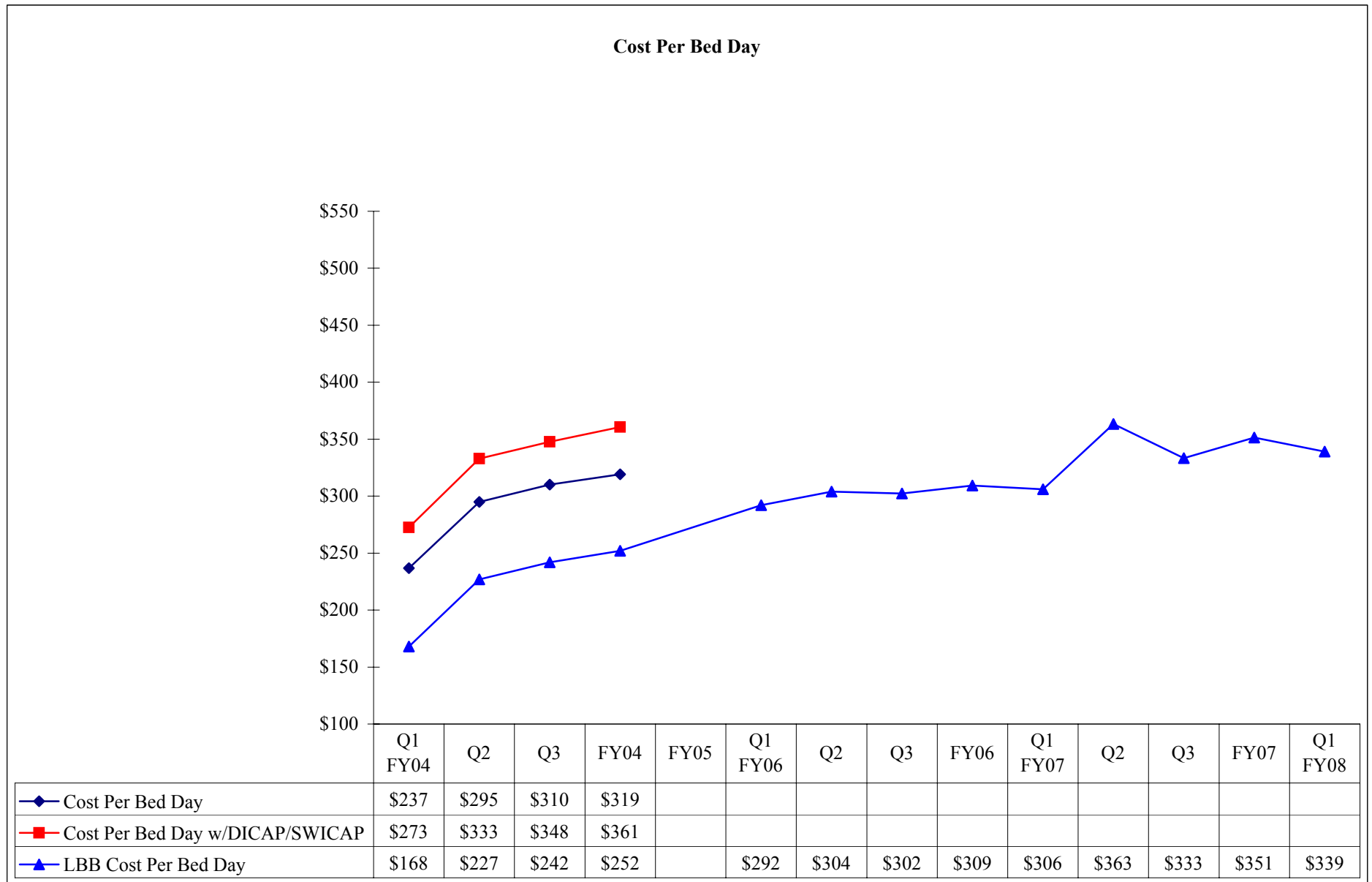


Measure 1B - Cost Per Bed Day
Terrell State Hospital



Source: Financial Statistical Report - Fiscal Services;
FY06 - Direct Communication from DSHS Budgeting Forecasting Dept.

Measure 1B - Cost Per Bed Day
Waco Center for Youth



Performance Measure 1C:

Average daily census of campus-based services will be calculated and reported for each state hospital.

Performance Measure Operational Definition: The state hospital's average daily census will be reported quarterly. Average daily census is computed by dividing the total number of bed days used during the month by the number of calendar days in the month.

Performance Measure Formula: $C = (N/D)$

C = average daily census

N = number of bed days

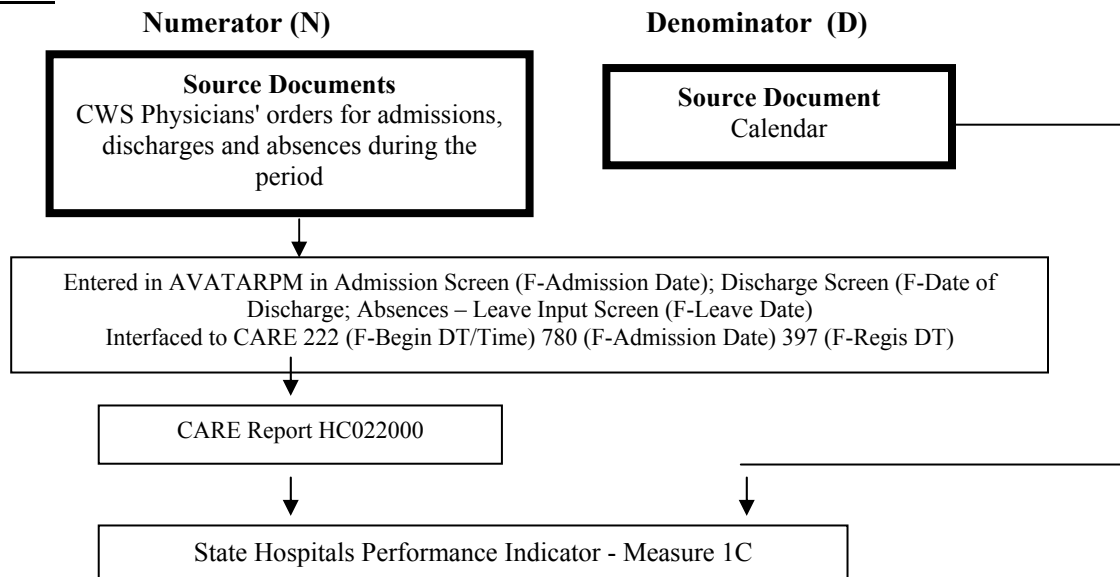
D = number of calendar days in the month

Performance Measure Data Display and Chart Description:

Chart with monthly data points of average daily census and funded census for individual state hospitals and system-wide.

See Objective 1E for charts

Data Flow:



Performance Measure 1D:

Number of inpatient days at TCID will be calculated and reported.

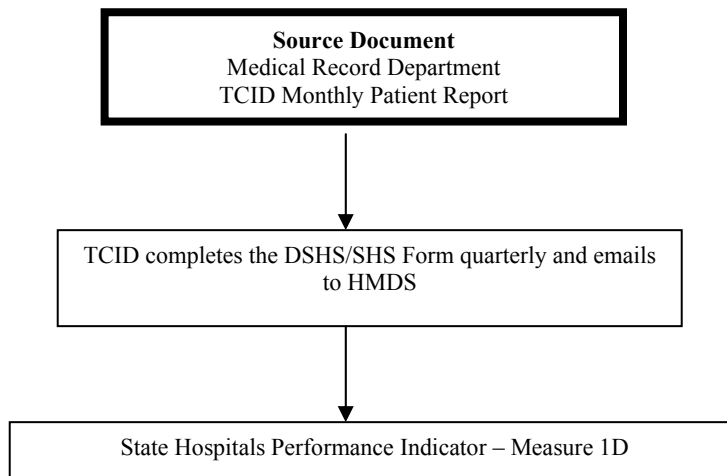
Performance Measure Operational Definition: TCID inpatient days will be monitored.

Performance Measure Formula: No formula – continuous variable.

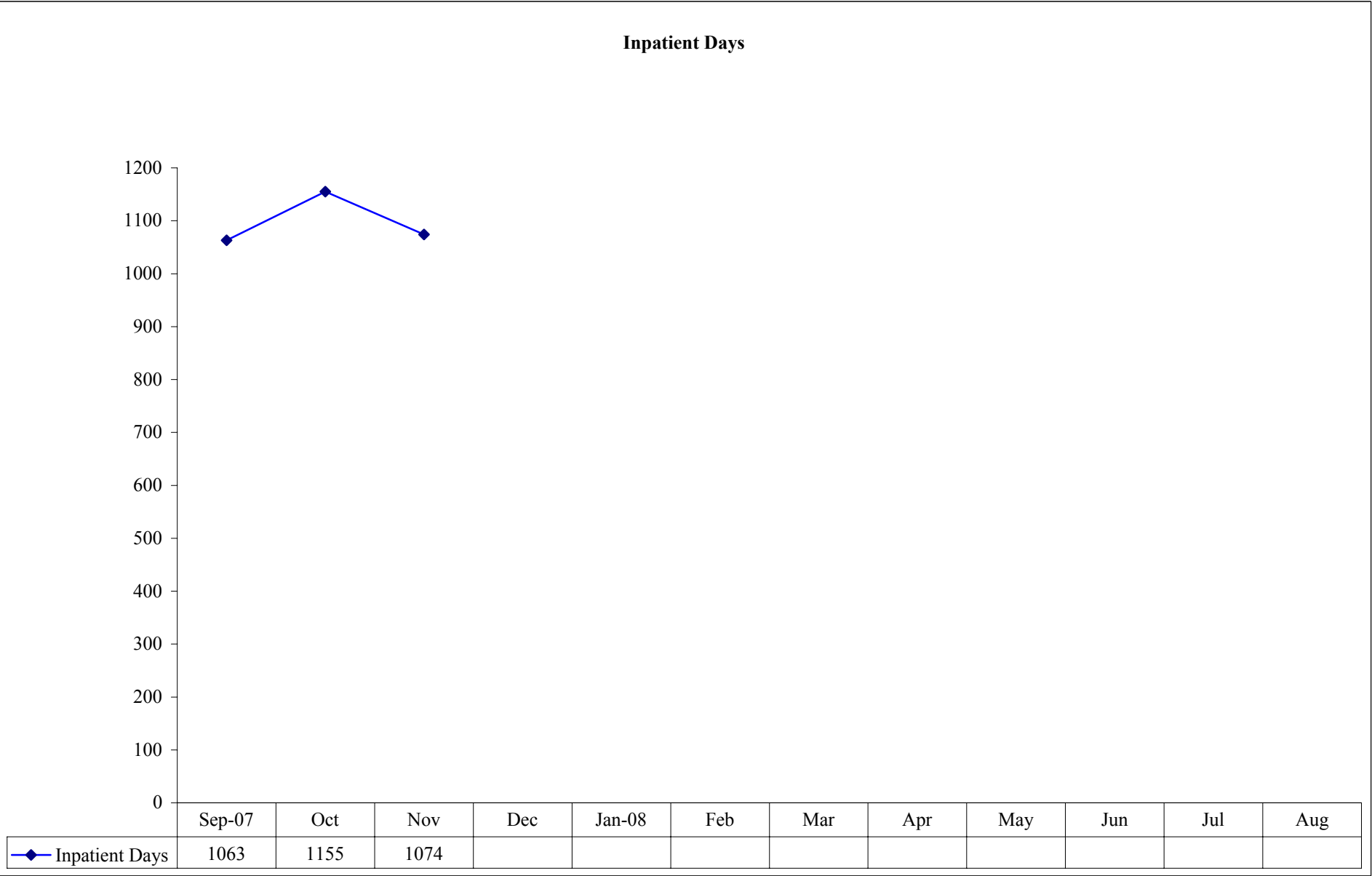
Performance Measure Data Display and Chart Description:

Table shows monthly numbers of inpatient days at TCID.

Data Flow:



Measure 1D - Number of Inpatient Days
TCID



GOAL 2: Recognize and Respect the Rights of Each Patient By Conducting Business In An Ethical Manner

Performance Objective 2A:

State hospitals will demonstrate a downward trend of confirmed allegations of abuse or neglect.

Performance Objective Operational Definition: The state hospital rate of confirmed closed abuse and neglect cases as documented on the AN-1-A form per 1,000 bed days per FY. Note: Data on an individual abuse/neglect case can only be entered into the CANRS system after a final determination has been made. Therefore, the number of cases, number of confirmations, and rate of confirmed cases reflect only those cases whose final determination has been made. Numbers for each of these categories will increase for prior quarters until a determination has been made for all cases for a given quarter. Data displayed does not include cases that are pending.

Performance Objective Formula: $R = (N/D) \times 1,000$

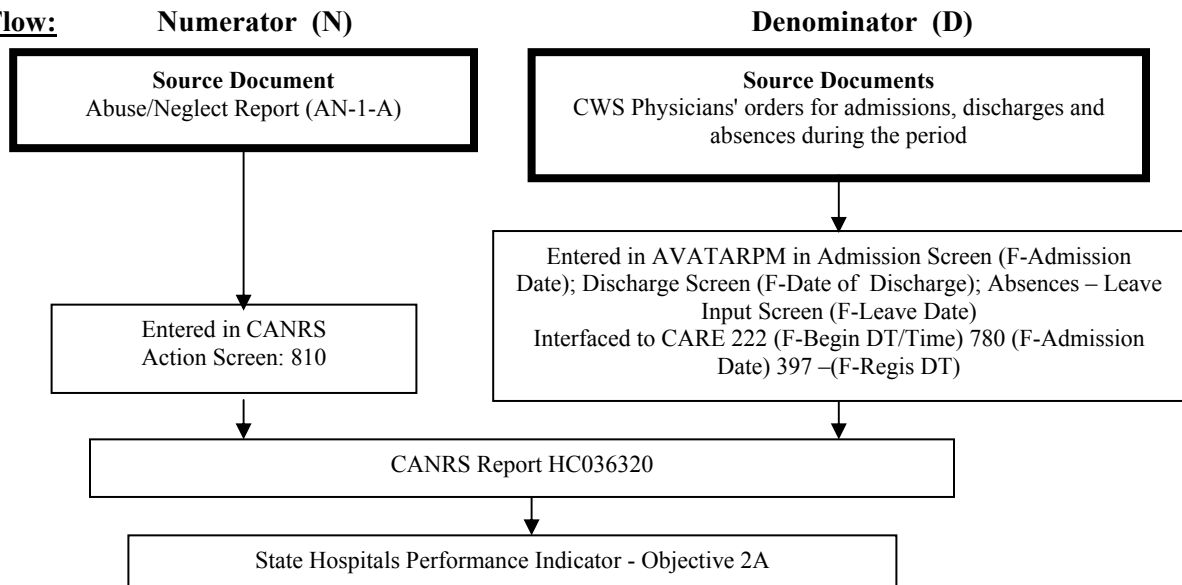
R = rate of confirmed closed abuse and neglect cases per 1,000 bed days per FY

N = number of confirmed closed cases per FY (when multiple confirmations are entered for a single case number on a single day, they are counted only as one in the abuse/neglect category incident (class I, II, verbal) of the most severe incident). D = number of bed days per FY 1,000 = bed day rate multiplier.

Performance Objective Data Display and Chart Description:

Table shows cases, confirmations and rate by abuse/neglect category for individual state hospitals.

Data Flow:



Objective 2A - Abuse/Neglect Rate
All State Hospitals - As of November 30, 2007

Facility	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08				
	Total	Total	Total	Total	Total	Total	Total	Total	Class I	Class II	Class III	Neglect	Total
All State Hospitals													
Total Cases	2419	2260	2387	2188	1476	1536	1617	1431	19	107	43	28	197
Total Confirmed	220	211	193	175	76	117	112	137	1	7	3	1	12
Total Confirmed Rate/1000 Bed Days	0.22	0.24	0.23	0.21	0.09	0.13	0.13	0.16	0.00	0.03	0.01	0.00	0.05

Performance Objective 2C:

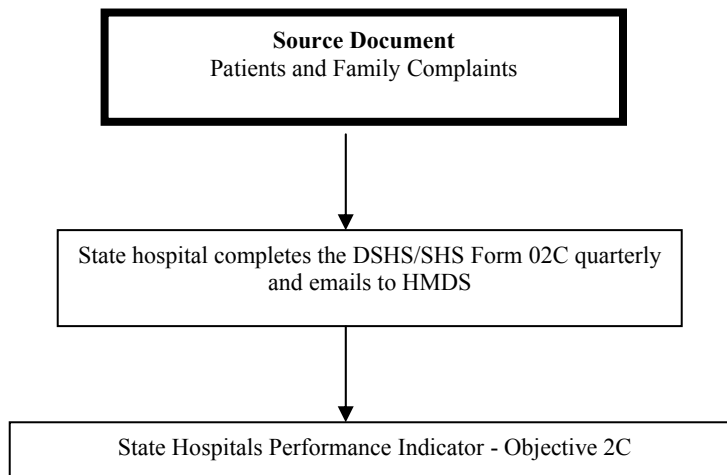
Each state hospital will analyze patient complaints.

Performance Objective Operational Definition: Total number of complaints from state hospitals per quarter regarding property, respect, discharge, medication, treatment team and/or plan and an “other” category will be tracked and analyzed.

Performance Objective Data Display and Chart Description:

Table shows quarterly numbers of complaints and rate per 1,000 bed days by the individual state hospitals and system-wide .

Data Flow:



Objective 2C - Patient Complaints
All State Hospitals - Q1 FY08

Complaints	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	System Total
Property	13	14	5	6	51	3	22	6	17	1	138
Per 1,000 Bed Days	0.51	0.82	0.81	0.33	1.03	0.64	0.77	0.23	0.59	0.16	0.66
Respect	14	23	11	2	54	1	35	18	49	5	212
Per 1,000 Bed Days	0.55	1.35	1.78	0.11	1.09	0.21	1.23	0.69	1.71	0.79	1.01
Discharge	17	27	9	0	27	9	24	4	6	0	123
Per 1,000 Bed Days	0.67	1.58	1.46	0.00	0.55	1.91	0.84	0.15	0.21	0.00	0.58
Medication	0	18	8	0	19	0	26	6	9	0	86
Per 1,000 Bed Days	0.00	1.05	1.29	0.00	0.38	0.00	0.91	0.23	0.31	0.00	0.41
Treatment Team/Planning	3	36	9	6	37	14	13	11	5	6	140
Per 1,000 Bed Days	0.12	2.11	1.46	0.33	0.75	2.97	0.46	0.42	0.17	0.94	0.66
Others	95	41	12	4	113	9	73	44	44	12	447
Per 1,000 Bed Days	3.73	2.40	1.94	0.22	2.28	1.91	2.56	1.68	1.54	1.89	2.12
Total	142	159	54	18	301	36	193	89	130	24	1146
Per 1,000 Bed Days	5.58	9.30	8.74	1.00	6.08	7.63	6.77	3.39	4.55	3.78	5.44

GOAL 3: Provide Individualized and Evidence Based Treatment

Performance Objective 3A:

Each state hospital will demonstrate a downward trend in the use of restraints and/or seclusion.

Performance Objective Operational Definition: The number of restraint and seclusion incidents as documented on the MHRS 7-4 (or approved substitute) per 1,000 bed days.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of restraint and seclusion incidents per 1,000 bed days per FY quarter

N = number of restraint and seclusion incidents or number of persons involved in restraint/seclusion

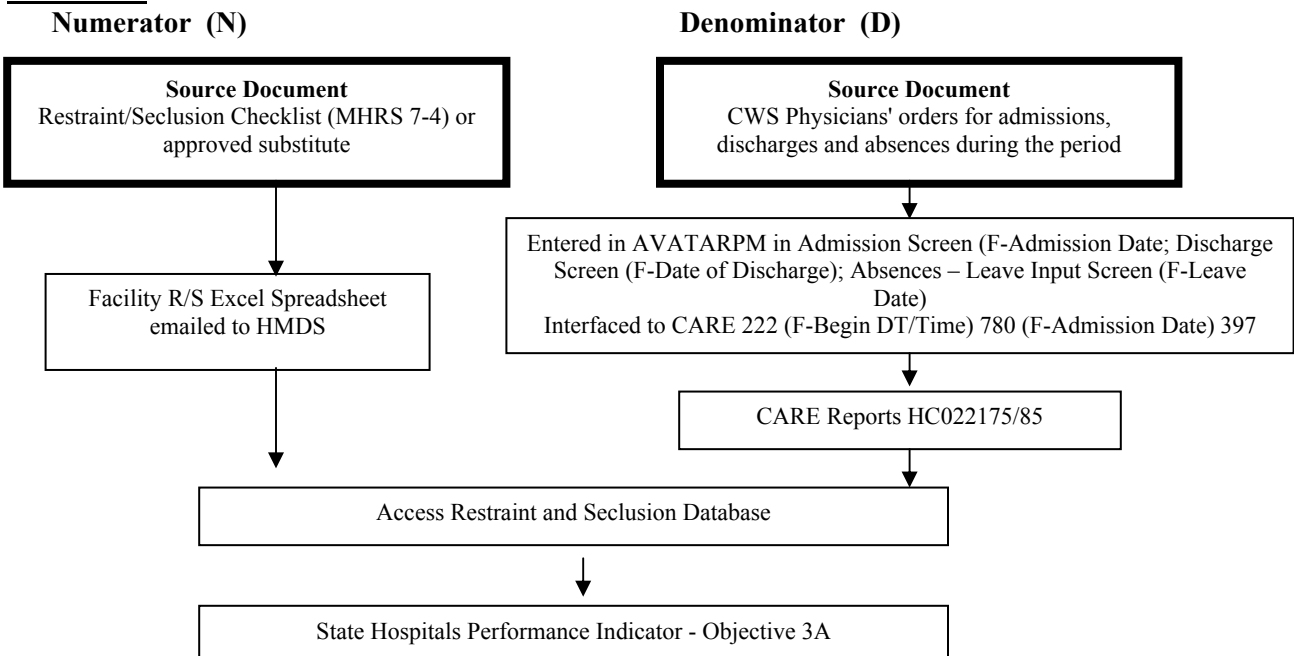
D = number of bed days per FY quarter

1,000 = bed day rate multiplier

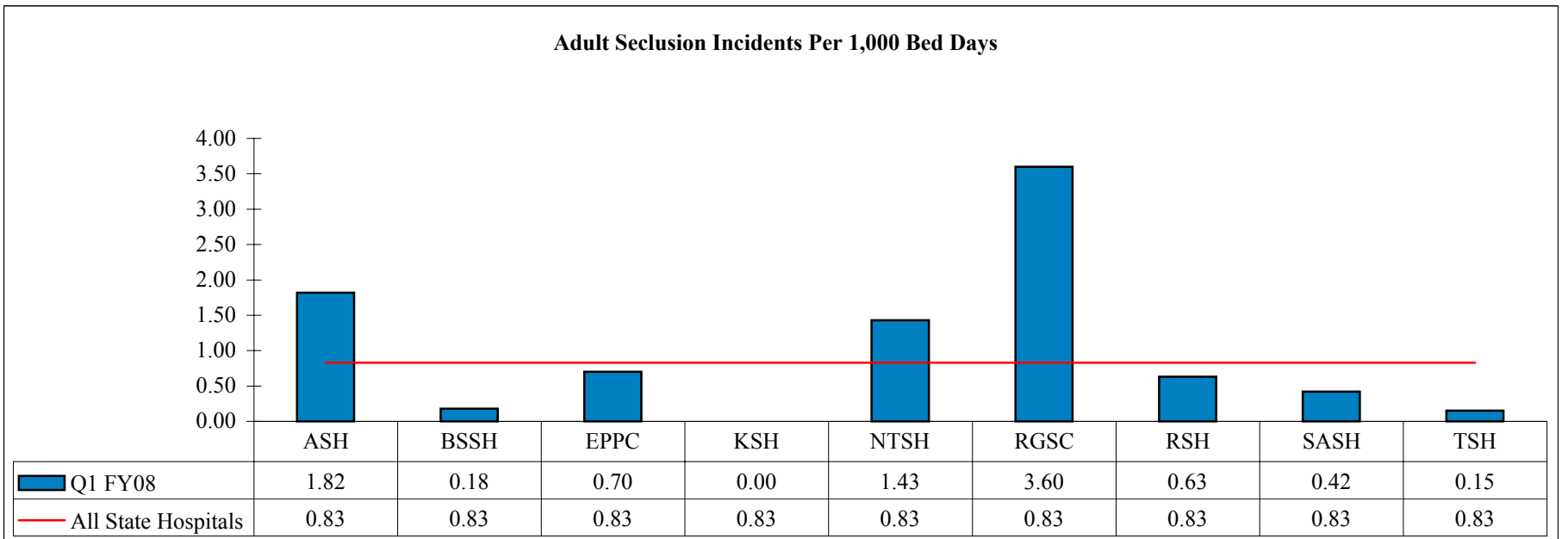
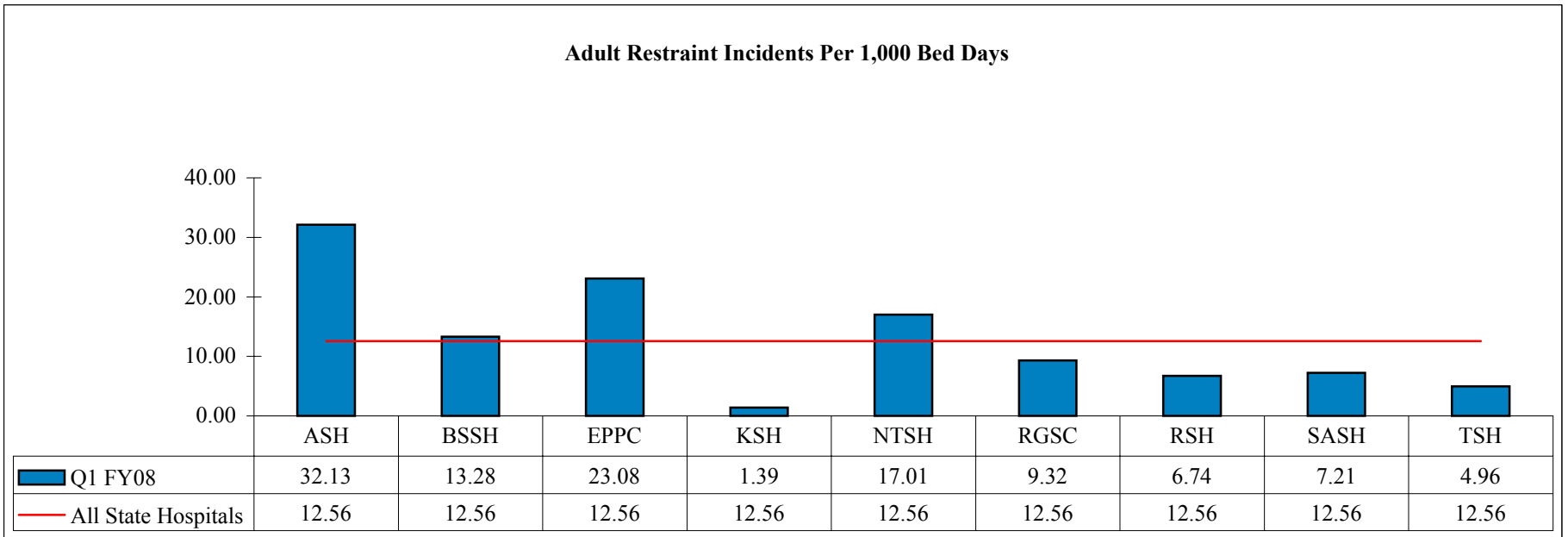
Performance Objective Data Display and Chart Description:

- ◆ Table shows quarterly numbers of incidents, numbers of persons, and total hours for restraints and seclusions involving children, adolescents and adults for individual state hospitals and system-wide. Also shows child/adolescent bed days and all other units bed days for the quarter for individual state hospitals and system-wide.
- ◆ Table shows quarterly numbers of restraints by type for individual state hospitals and system-wide and table shows quarterly numbers of restraints by type per 1,000 bed days for individual state hospitals and system-wide.
- ◆ Chart with quarterly data points of restraint and seclusion incidents per 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.
- ◆ Chart with quarterly data points of average number of hours per restraint/seclusion incident for child/adolescent and adults for individual state hospitals and system-wide.
- ◆ Chart with quarterly data points of number of persons in restraint/seclusion for 1,000 bed days for child/adolescent and adults for individual state hospitals and system-wide.

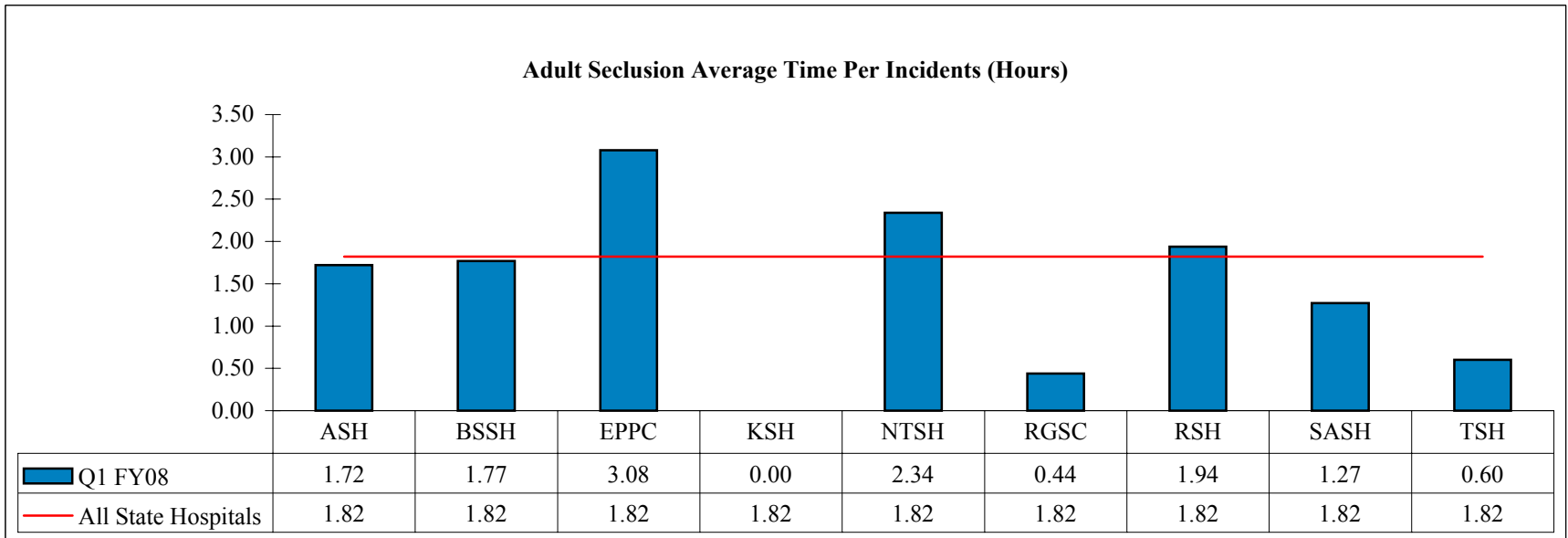
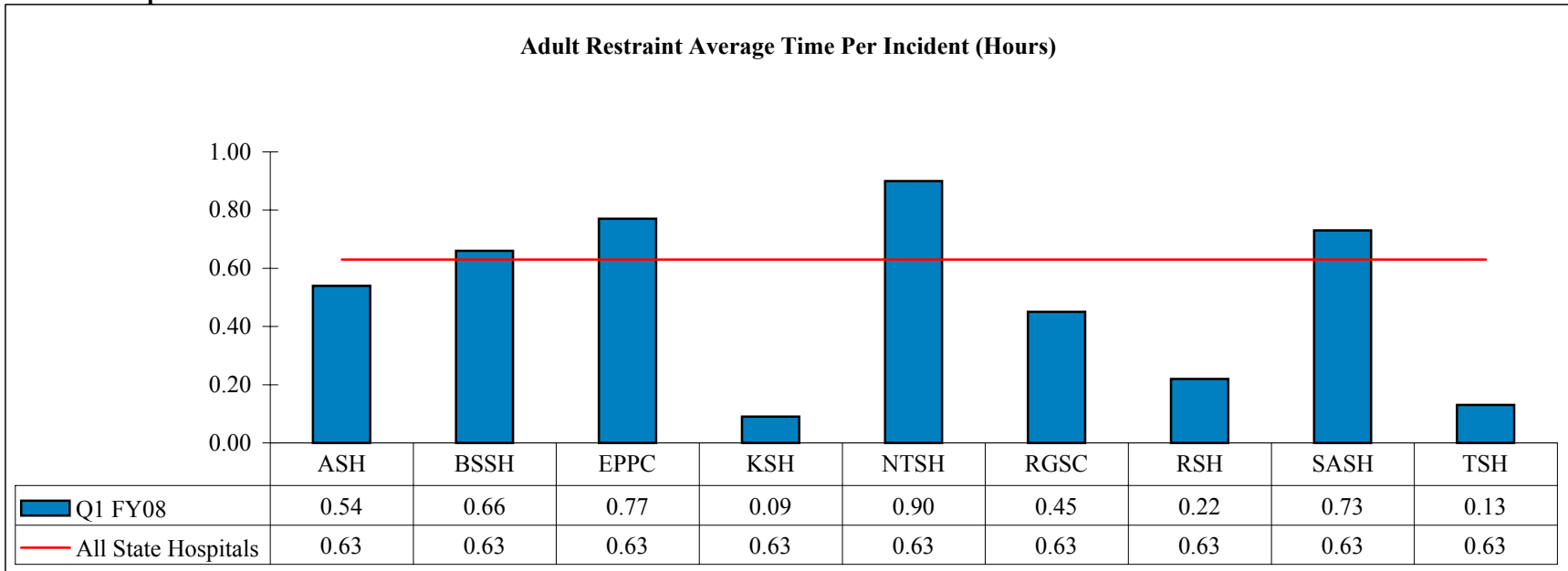
Data Flow:



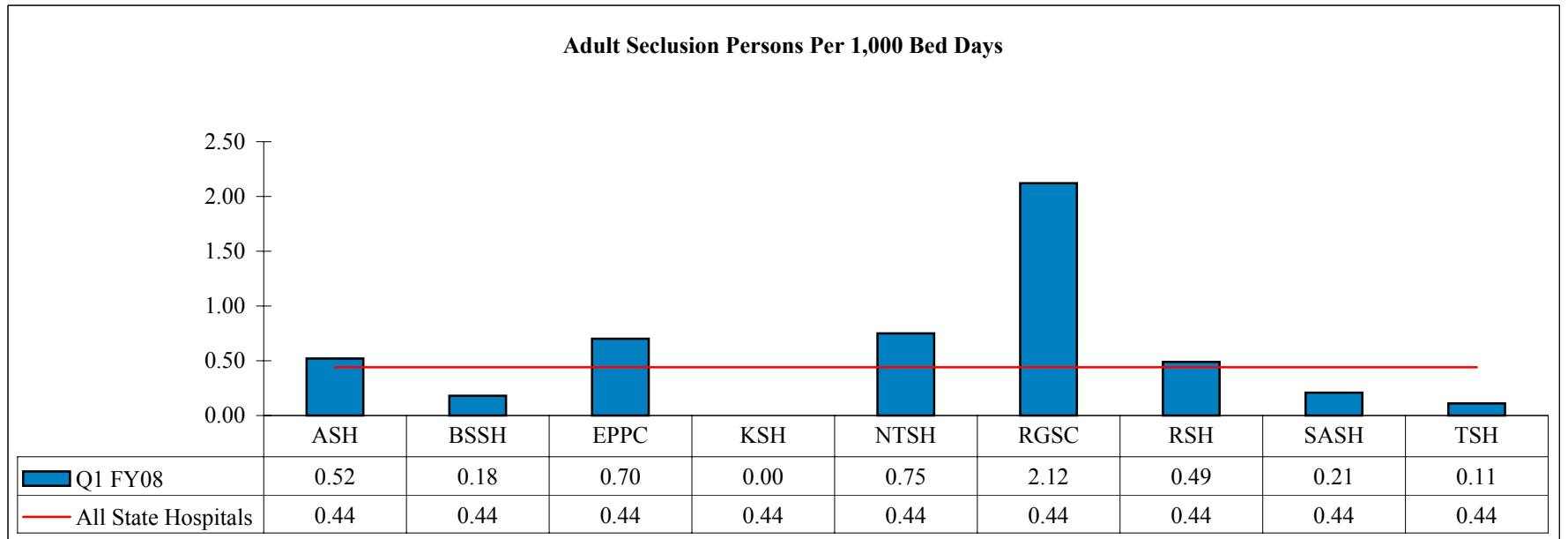
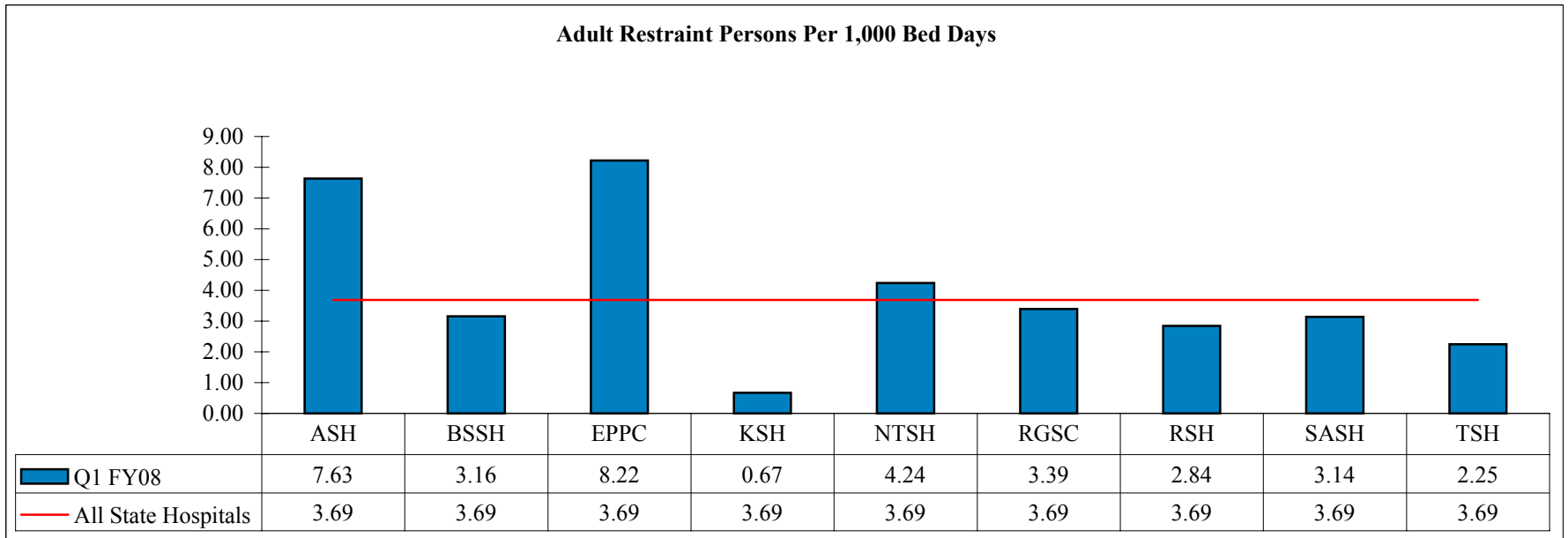
Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

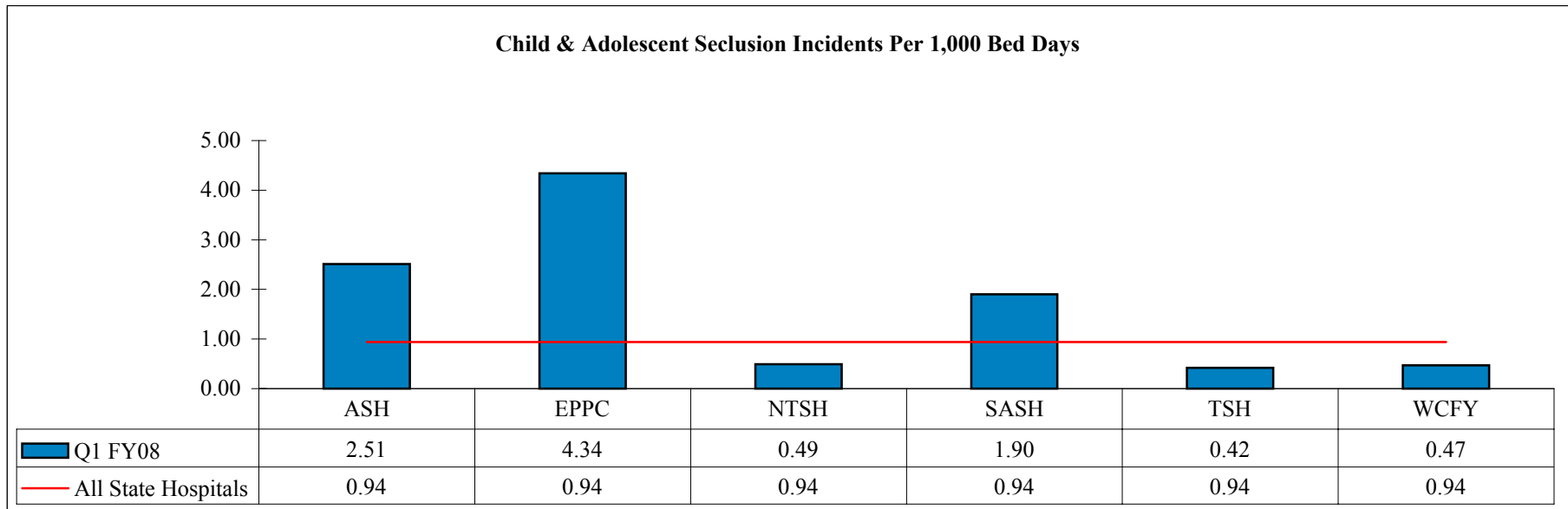
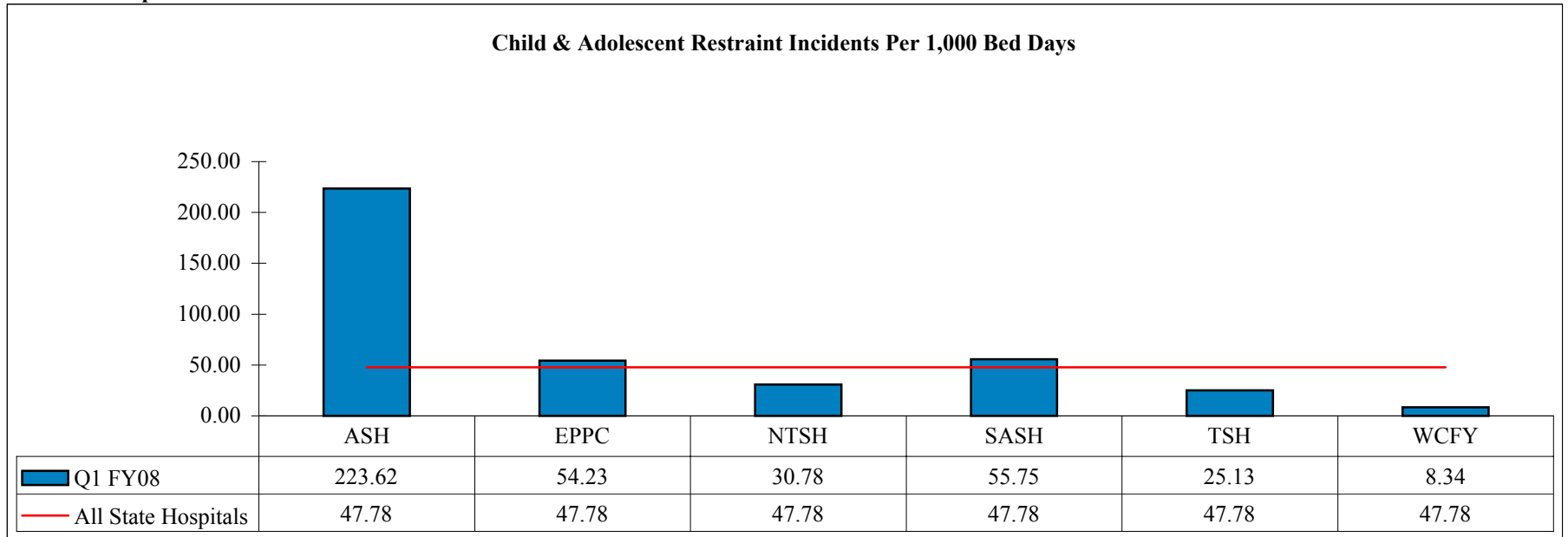


Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

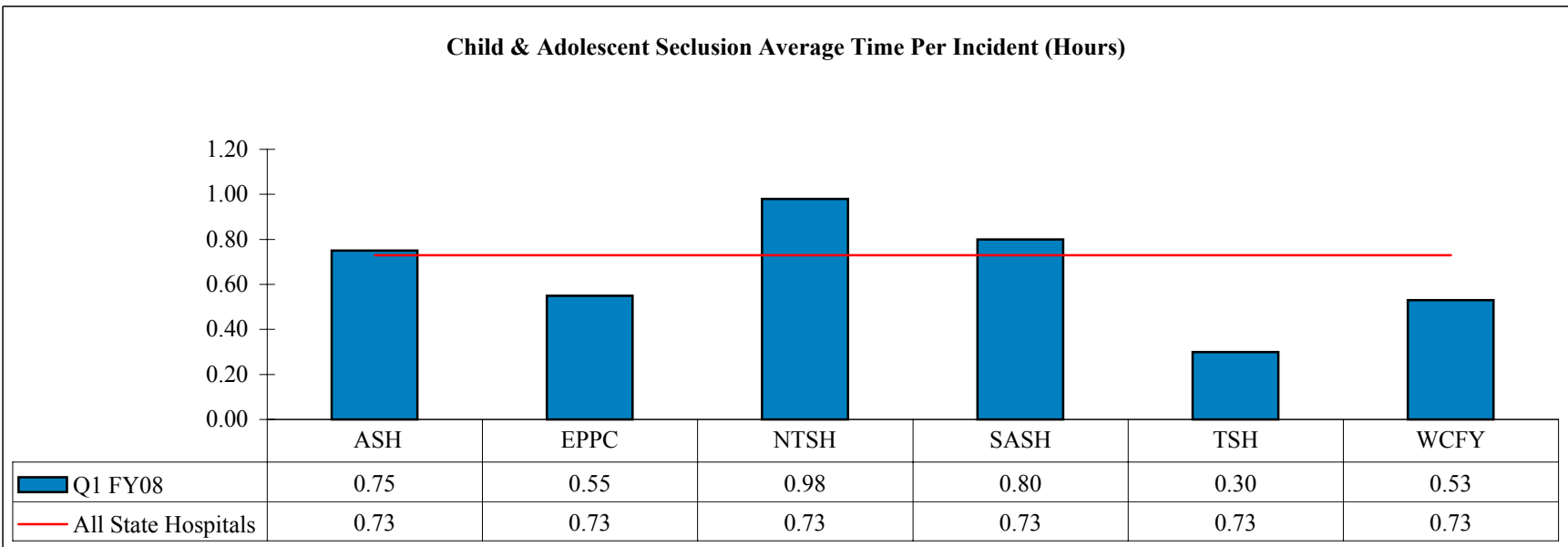
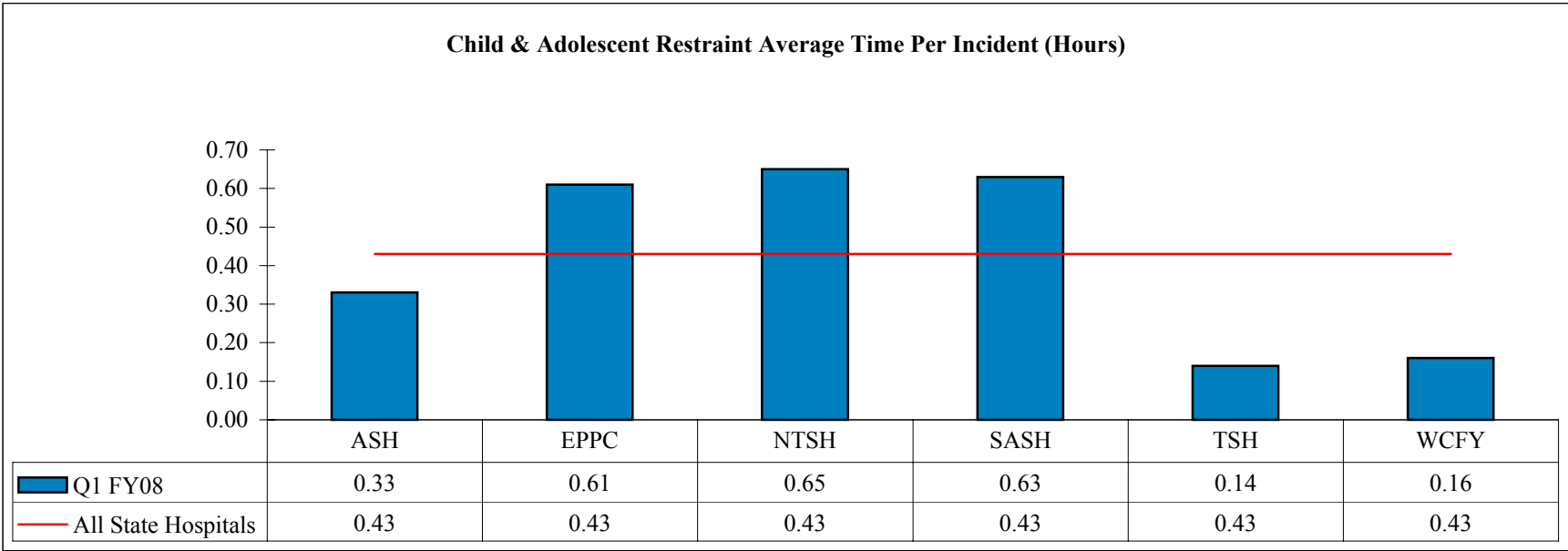


Objective 3A - Maintain Restraint and Seclusion Data

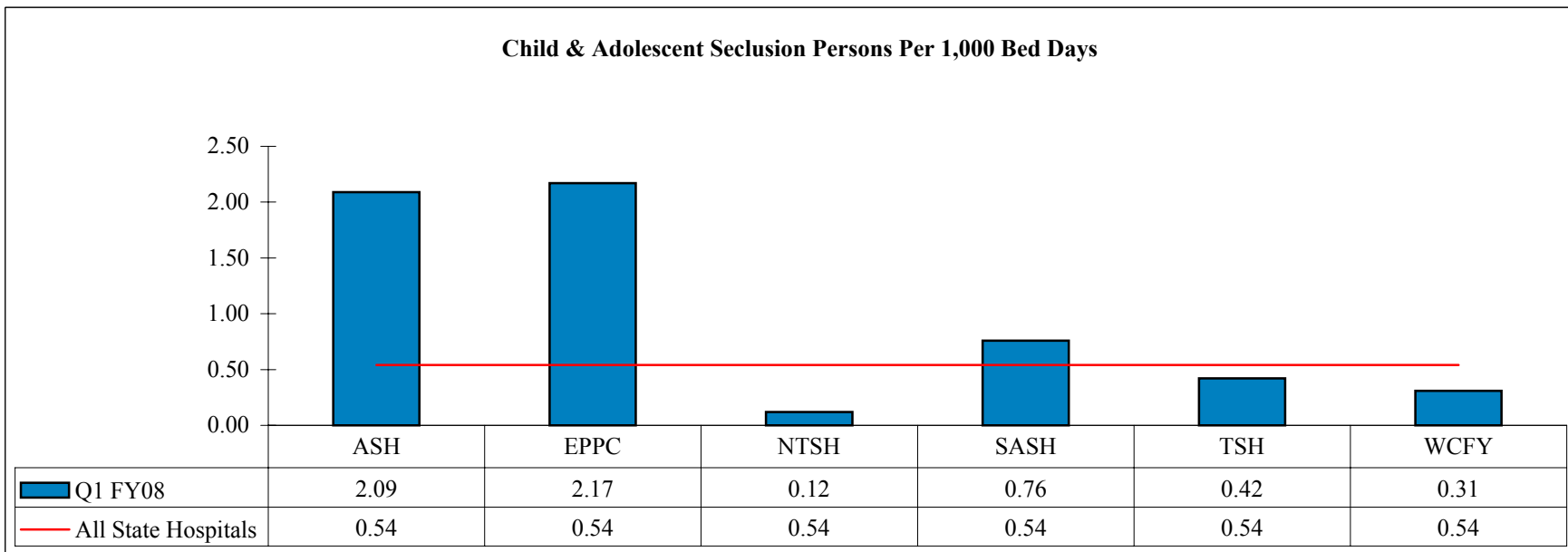
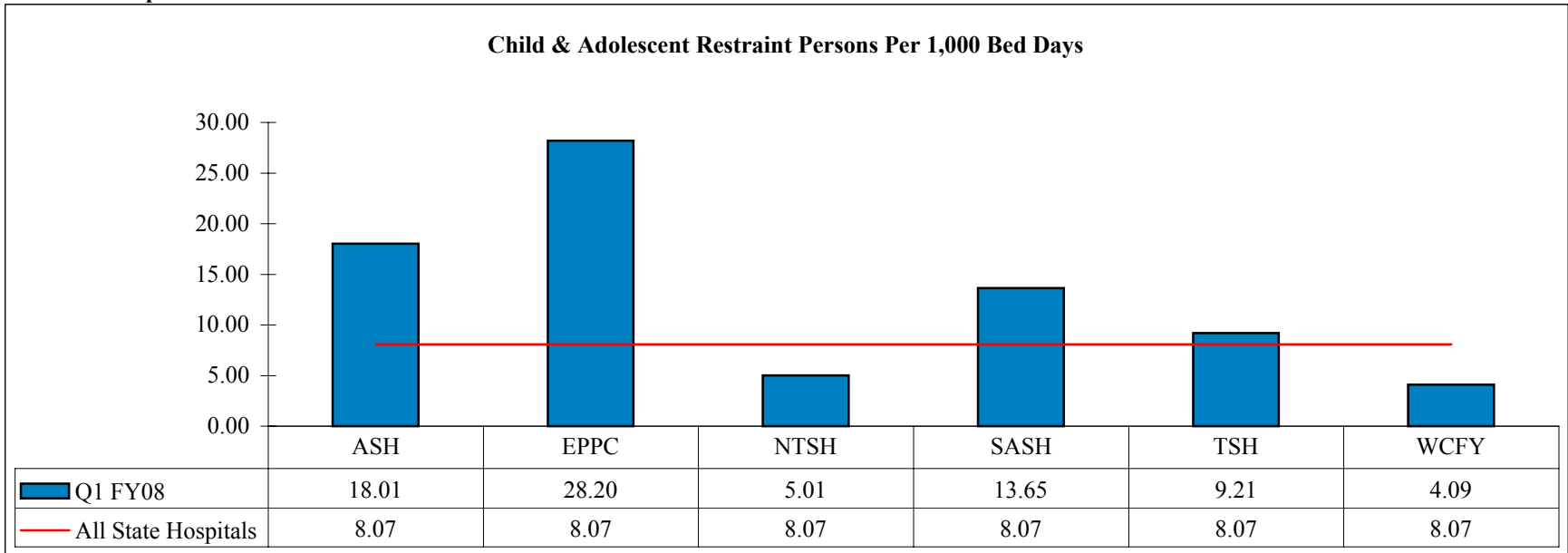
All State Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All MH Facilities - FY08

	Fiscal Year 2008											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital												
Child/Adolescent Bed Days	2,388				2,388				2,388			
Bed Days in Quarter-All Other Units	23,062				23,062				23,062			
Restraint Involving Children	86				3				23.6			
Restraint Involving Adolescents	448				40				151.1			
Restraint Involving Adults	741				176				403.4			
Seclusion Involving Children	1				1				0.8			
Seclusion Involving Adolescents	5				4				3.7			
Seclusion Involving Adults	42				12				72.1			
Big Spring State Hospital												
Bed Days in Quarter	17,095				17,095				17,095			
Restraint Involving Adults	227				54				149.3			
Seclusion Involving Adults	3				3				5.3			
El Paso Psychiatric Center												
Child/Adolescent Bed Days	461				461				461			
Bed Days in Quarter-All Other Units	5,719				5,719				5,719			
Restraint Involving Children	6				3				1.3			
Restraint Involving Adolescents	19				10				14.0			
Restraint Involving Adults	132				47				102.0			
Seclusion Involving Children	2				1				1.1			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	4				4				12.3			
Kerrville State Hospital												
Bed Days in Quarter	17,980				17,980				17,980			
Restraint Involving Adults	25				12				2.3			
Seclusion Involving Adults	0				0				0.0			

Objective 3A - Maintain Restraint and Seclusion Data
All MH Facilities - FY08

	Fiscal Year 2008											
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
North Texas State Hospital												
Child/Adolescent Bed Days	8,186				8,186				8,186			
Bed Days in Quarter-All Other Units	41,321				41,321				41,321			
Restraint Involving Children	4				1				0.4			
Restraint Involving Adolescents	248				40				163.8			
Restraint Involving Adults	703				175				631.6			
Seclusion Involving Children	4				1				3.9			
Seclusion Involving Adolescents	0				0				0.0			
Seclusion Involving Adults	59				31				137.9			
Rio Grande State Center												
Bed Days in Quarter	4,720				4,720				4,720			
Restraint Involving Adults	44				16				19.6			
Seclusion Involving Adults	17				10				7.5			
Rusk State Hospital												
Bed Days in Quarter	28,501				28,501				28,501			
Restraint Involving Adults	192				81				42.3			
Seclusion Involving Adults	18				14				34.9			
San Antonio State Hospital												
Child/Adolescent Bed Days in Quarter	2,637				2,637				2,637			
Bed Days in Quarter-All Other Units	23,586				23,586				23,586			
Restraint Involving Adolescents	147				36				91.9			
Restraint Involving Adults	170				74				123.4			
Seclusion Involving Adolescents	5				2				4.0			
Seclusion Involving Adults	10				5				12.7			

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data

All MH Facilities - FY08

Fiscal Year 2008												
	Number of Incidents				Number of Persons				Total Hours for Quarter			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Terrell State Hospital												
Child/Adolescent Bed Days in Quarter	2,388				2,388				2,388			
Bed Days in Quarter-All Other Units	26,212				26,212				26,212			
Restraint Involving Children	3				1				0.3			
Restraint Involving Adolescents	57				21				8.3			
Restraint Involving Adults	130				59				17.1			
Seclusion Involving Children	0				0				0.0			
Seclusion Involving Adolescents	1				1				0.3			
Seclusion Involving Adults	4				3				2.4			
Waco Center For Youth												
Child/Adolescent Bed Days in Quarter	6,355				6,355				6,355			
Restraint Involving Adolescents	53				26				8.6			
Seclusion Involving Adolescents	3				2				1.6			
All MH Facilities												
Child/Adolescent Bed Days	22,415	0	0	0	22,415	0	0	0	22,415	0	0	0
Bed Days in Quarter-All Other Units	188,196	0	0	0	188,196	0	0	0	188,196	0	0	0
Restraint Involving Children	99				8				25.6			
Restraint Involving Adolescents	972				173				437.7			
Restraint Involving Adults	2,364				694				1,491.0			
Seclusion Involving Children	7	0	0	0	3	0	0	0	5.8	0.0	0.0	0.0
Seclusion Involving Adolescents	14	0	0	0	9	0	0	0	9.6	0.0	0.0	0.0
Seclusion Involving Adults	157	0	0	0	82	0	0	0	285.1	0.0	0.0	0.0

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

Fiscal Year 2008

	Number of Incidents				Number of Persons			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Austin State Hospital								
< 5 Restraint Involving Children	20				3			
< 5 Restraint Involving Adolescents	122				23			
< 5 Restraint Involving Adults	368				144			
Big Spring State Hospital								
< 5 Restraint Involving Adults	63				27			
El Paso Psychiatric Center								
< 5 Restraint Involving Children	2				2			
< 5 Restraint Involving Adolescents	5				5			
< 5 Restraint Involving Adults	64				32			
Kerrville State Hospital								
< 5 Restraint Involving Adults	15				9			
North Texas State Hospital								
< 5 Restraint Involving Children	2				1			
< 5 Restraint Involving Adolescents	57				26			
< 5 Restraint Involving Adults	316				135			
Rio Grande State Center								
< 5 Restraint Involving Adults	25				11			
Rusk State Hospital								
< 5 Restraint Involving Adults	138				71			
San Antonio State Hospital								
< 5 Restraint Involving Adolescents	27				17			
< 5 Restraint Involving Adults	64				49			
Terrell State Hospital								
< 5 Restraint Involving Children	2				1			
< 5 Restraint Involving Adolescents	25				16			
< 5 Restraint Involving Adults	89				51			
Waco Center For Youth								
< 5 Restraint Involving Adolescents	14				12			
All State Hospitals								
< 5 Restraint Involving Children	26				7			
< 5 Restraint Involving Adolescents	250				99			
< 5 Restraint Involving Adults	1,142				529			

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

Fiscal Year 2008

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Austin State Hospital					
Personal Restraint	843				843
Mechanical Restraint	432				432
Seclusion	48				48
Big Spring State Hospital					
Personal Restraint	134				134
Mechanical Restraint	93				93
Seclusion	3				3
El Paso Psychiatric Center					
Personal Restraint	84				84
Mechanical Restraint	73				73
Seclusion	6				6
Kerrville State Hospital					
Personal Restraint	22				22
Mechanical Restraint	3				3
Seclusion	0				0
North Texas State Hospital					
Personal Restraint	615				615
Mechanical Restraint	340				340
Seclusion	63				63
Rio Grande State Center					
Personal Restraint	44				44
Mechanical Restraint	0				0
Seclusion	17				17
Rusk State Hospital					
Personal Restraint	165				165
Mechanical Restraint	27				27
Seclusion	18				18
San Antonio State Hospital					
Personal Restraint	187				187
Mechanical Restraint	130				130
Seclusion	15				15

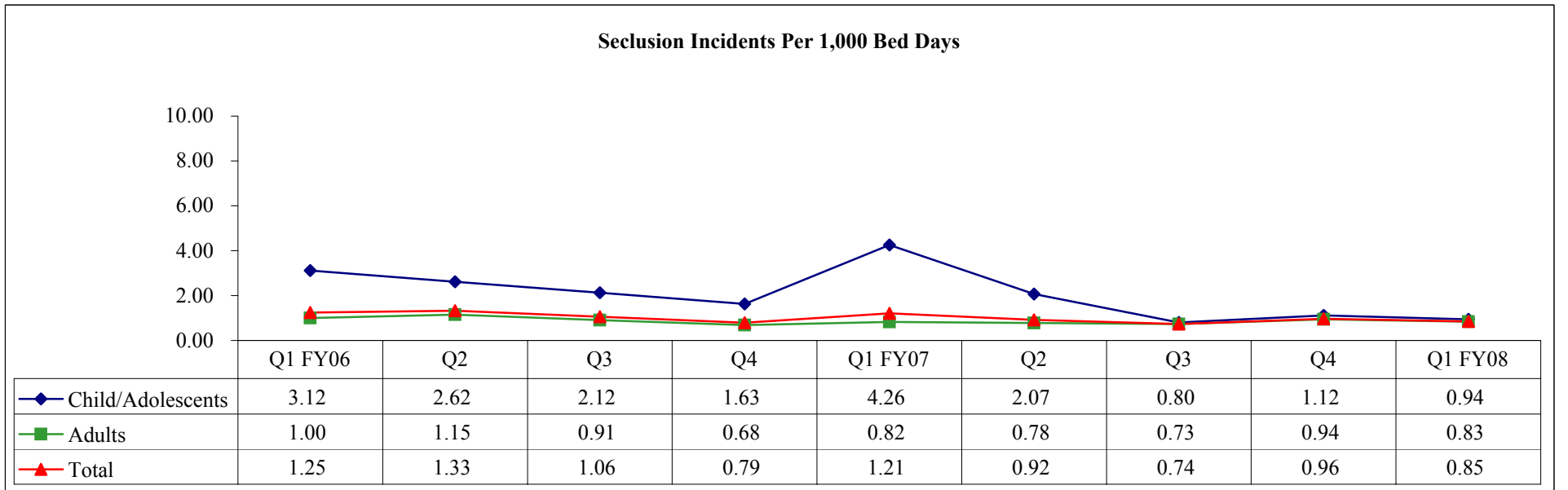
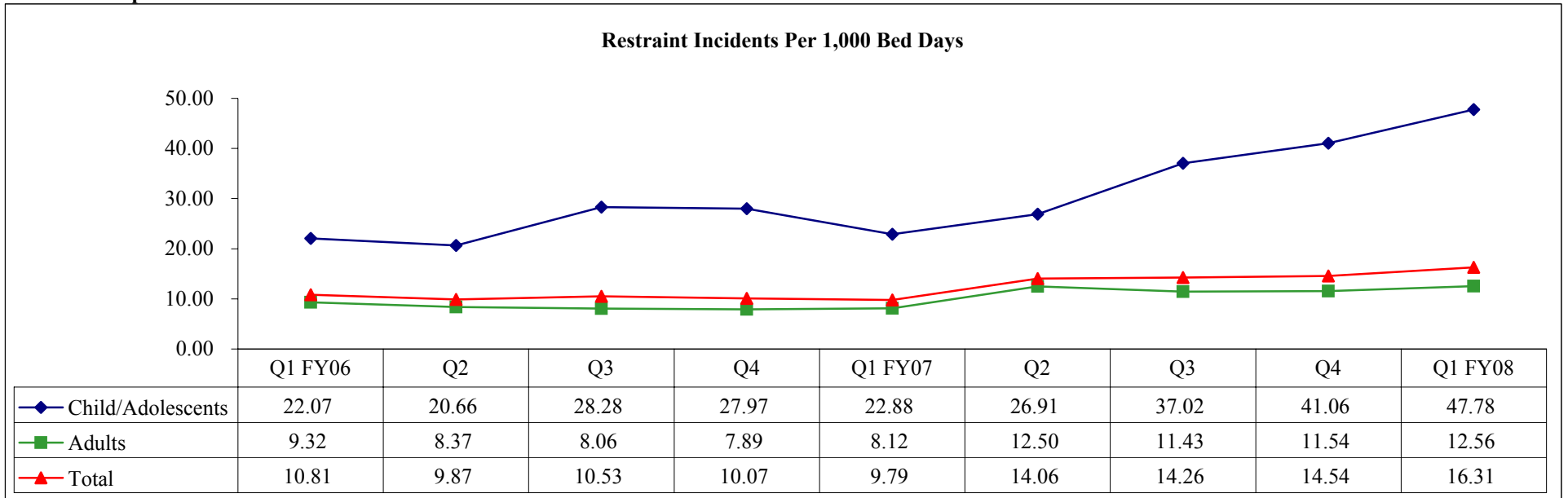
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals

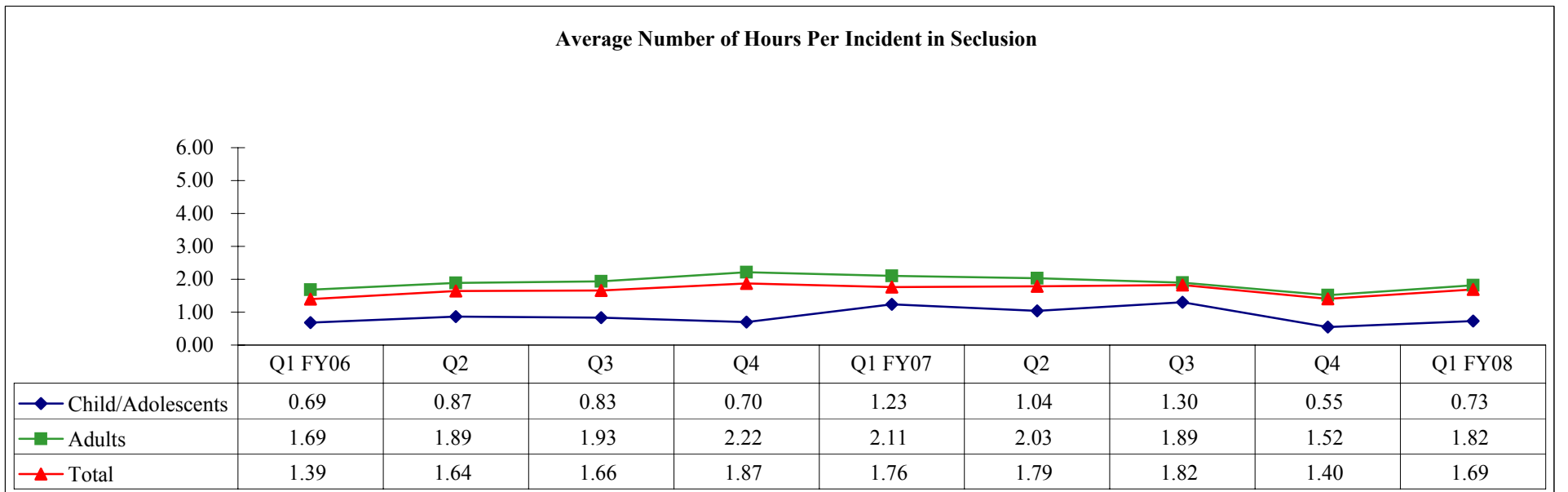
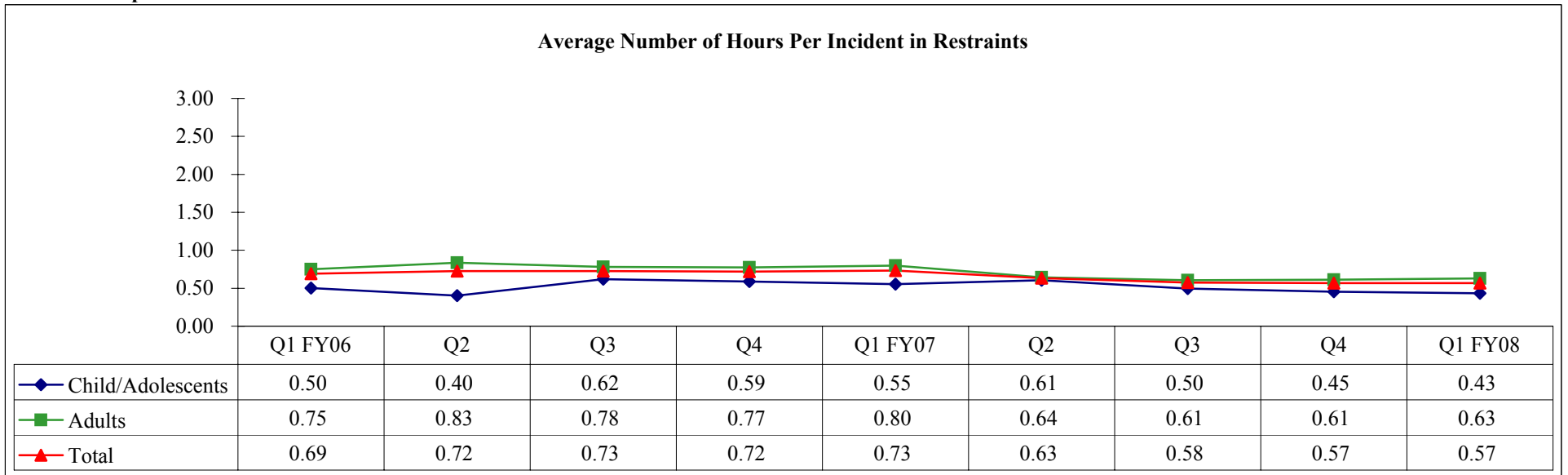
Fiscal Year 2008

	Number of Incidents				
	Q1	Q2	Q3	Q4	FY Total
Terrell State Hospital					
Personal Restraint	175				175
Mechanical Restraint	15				15
Seclusion	5				5
Waco Center For Youth					
Personal Restraint	47				47
Mechanical Restraint	6				6
Seclusion	3				3
All State Hospitals					
Personal Restraint	2,316				2,316
Mechanical Restraint	1,119				1,119
Seclusion	178				178

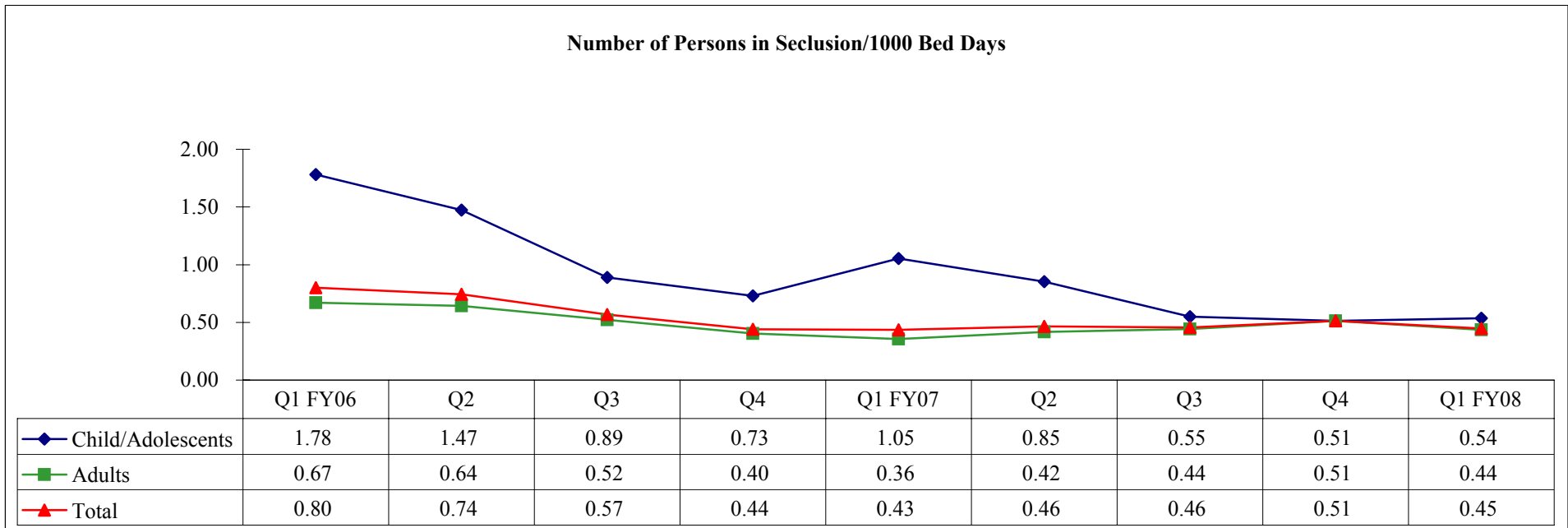
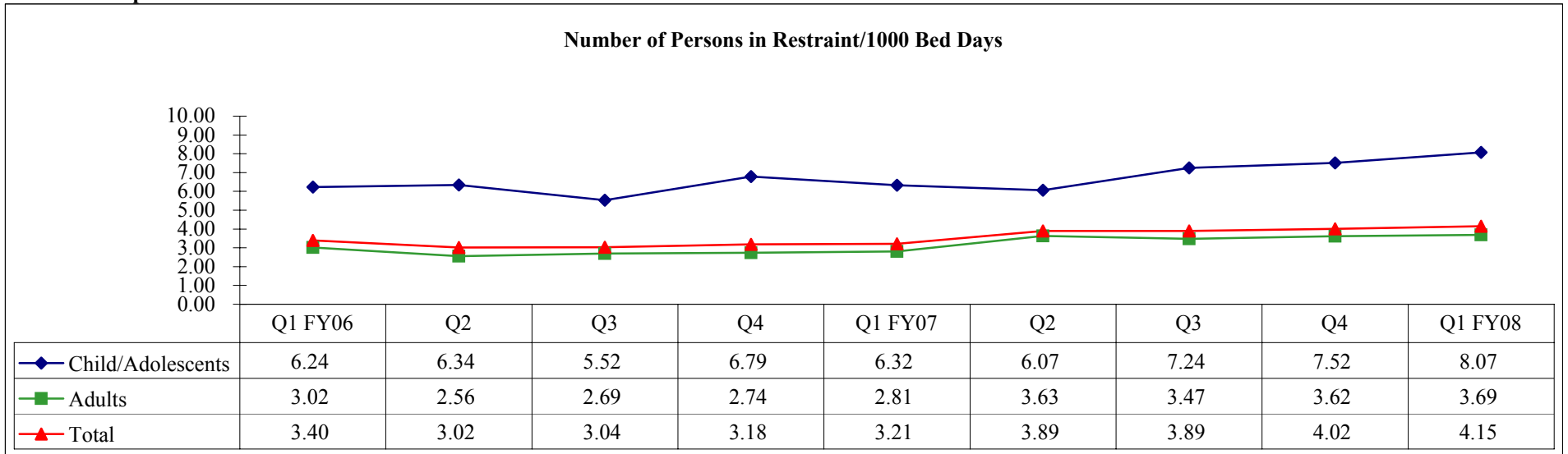
Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



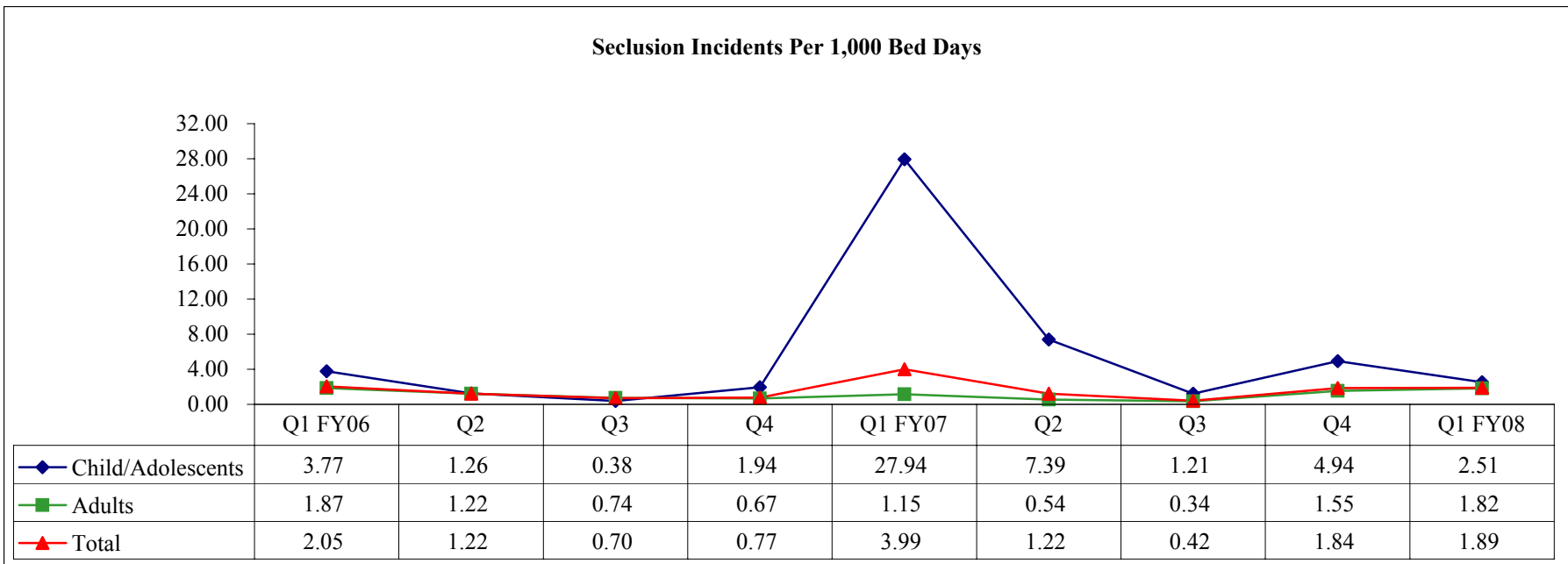
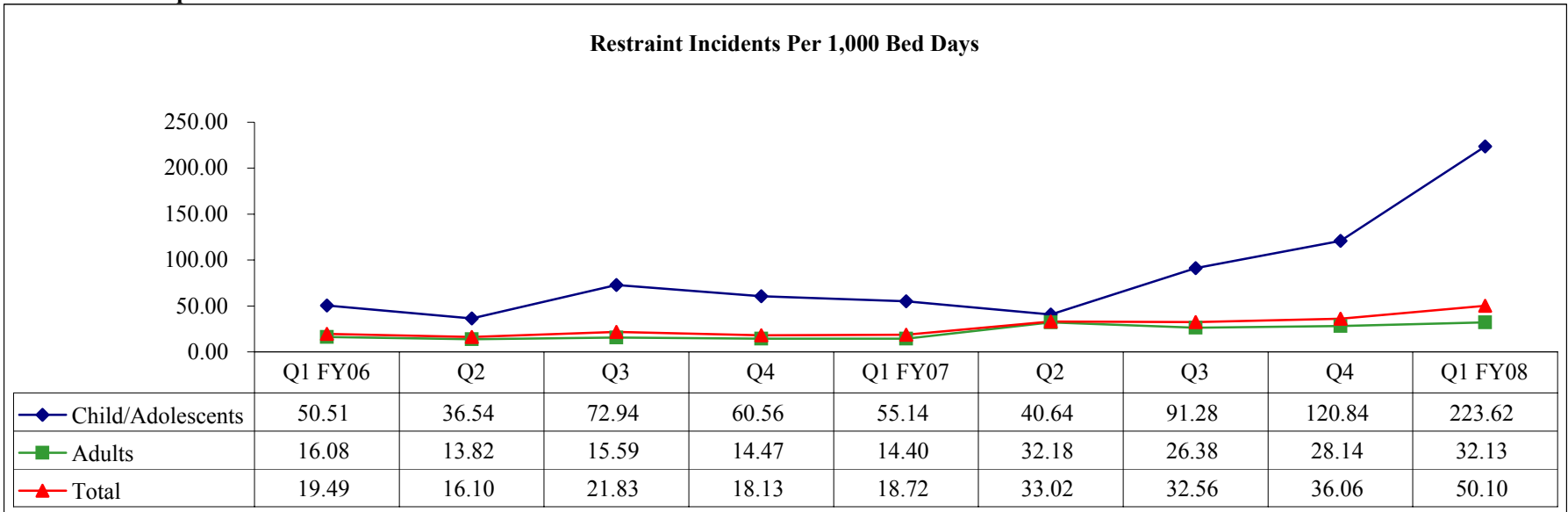
Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



Objective 3A - Maintain Restraint and Seclusion Data
All State Hospitals



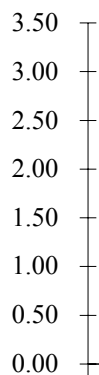
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



Objective 3A - Maintain Restraint and Seclusion Data

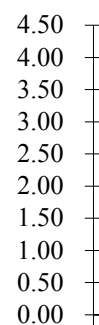
Austin State Hospital

Average Number of Hours Per Incident in Restraints



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
◆ Child/Adolescents	0.52	0.38	0.75	0.81	0.74	0.45	0.34	0.32	0.33
■ Adults	0.80	0.94	1.12	0.87	1.22	0.56	0.55	0.53	0.54
▲ Total	0.73	0.81	0.99	0.86	1.07	0.55	0.49	0.47	0.45

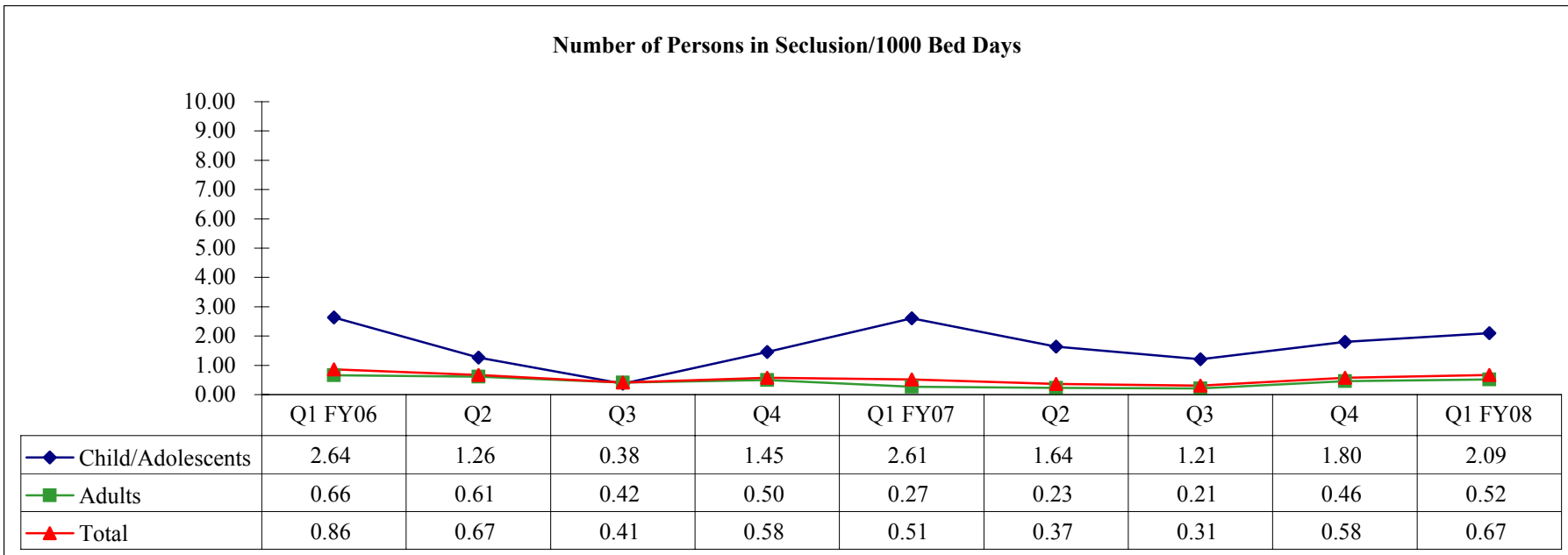
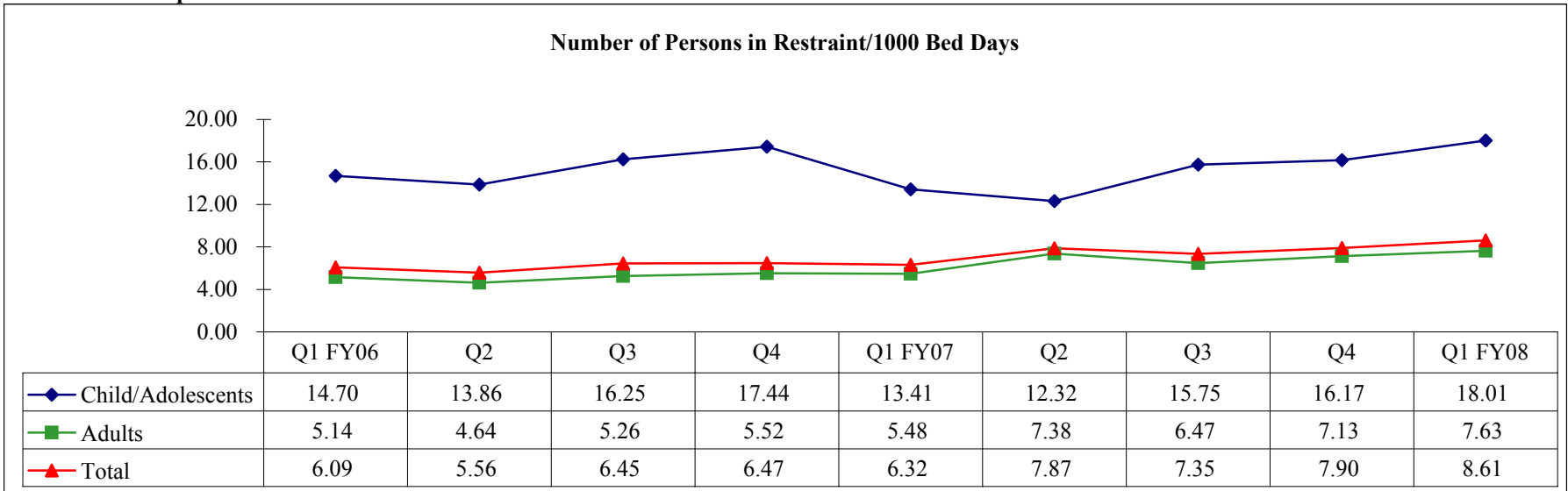
Average Number of Hours Per Incident in Seclusion



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
◆ Child/Adolescents	0.67	0.70	1.00	1.33	1.38	1.12	0.60	0.51	0.75
■ Adults	1.18	1.24	1.30	1.16	1.51	1.13	1.39	1.65	1.72
▲ Total	1.09	1.19	1.28	1.19	1.41	1.12	1.17	1.39	1.60

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

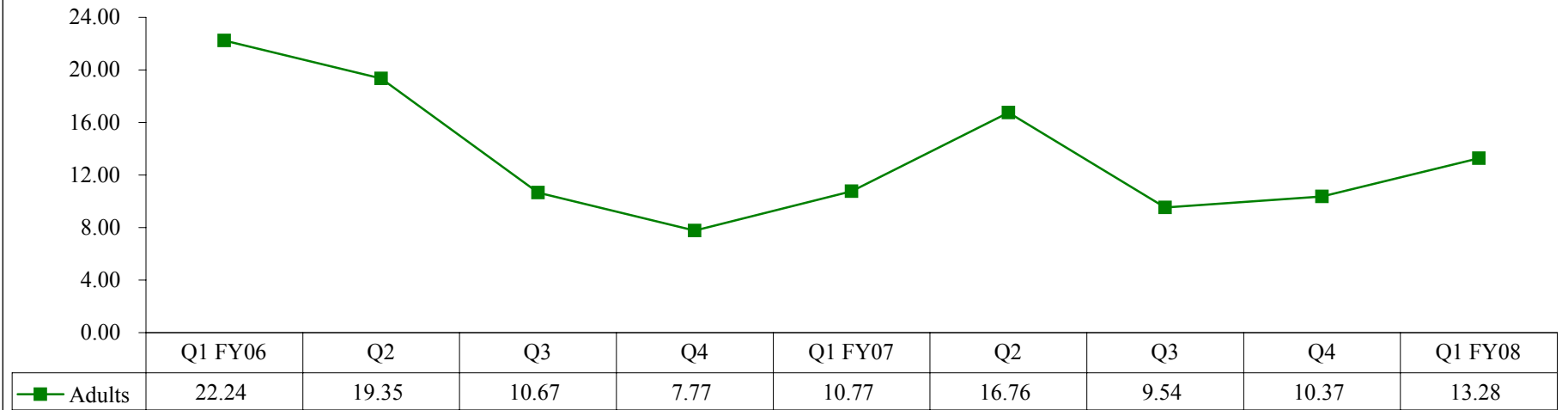
Objective 3A - Maintain Restraint and Seclusion Data
Austin State Hospital



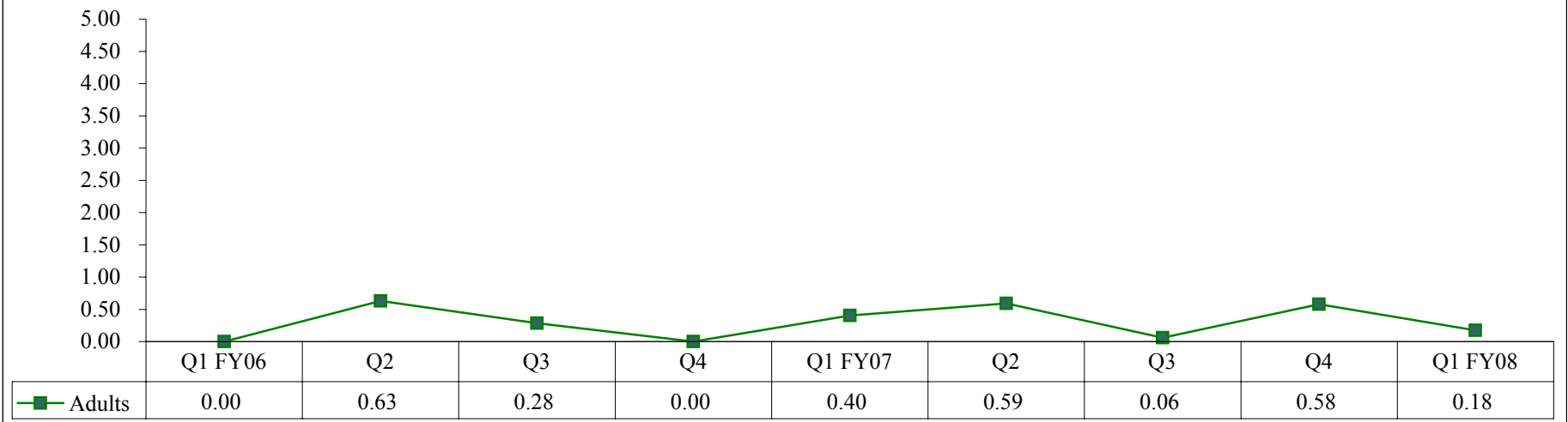
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

Restraint Incidents Per 1,000 Bed Days



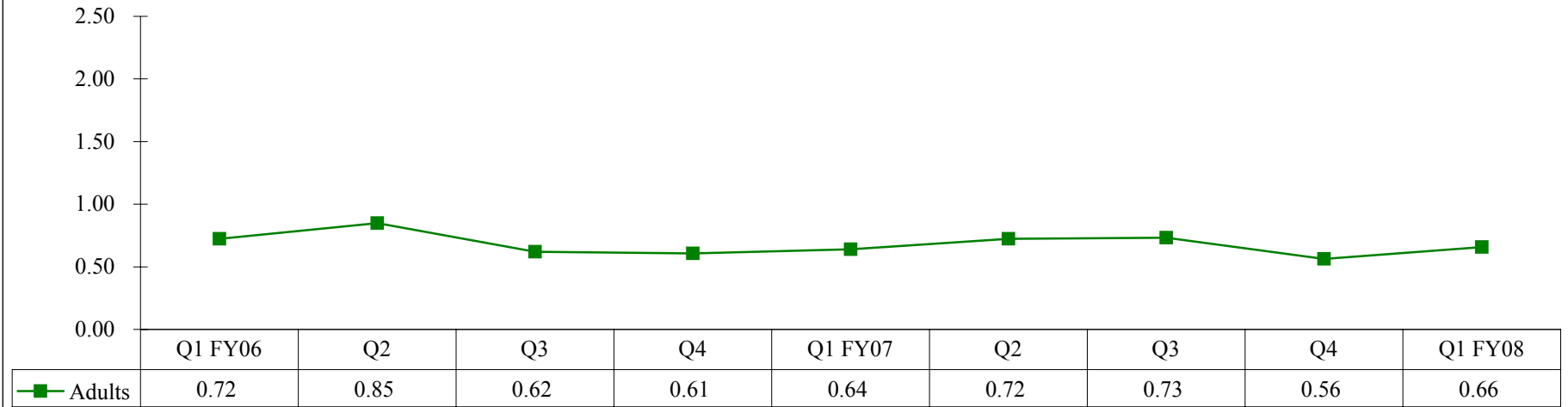
Seclusion Incidents Per 1,000 Bed Days



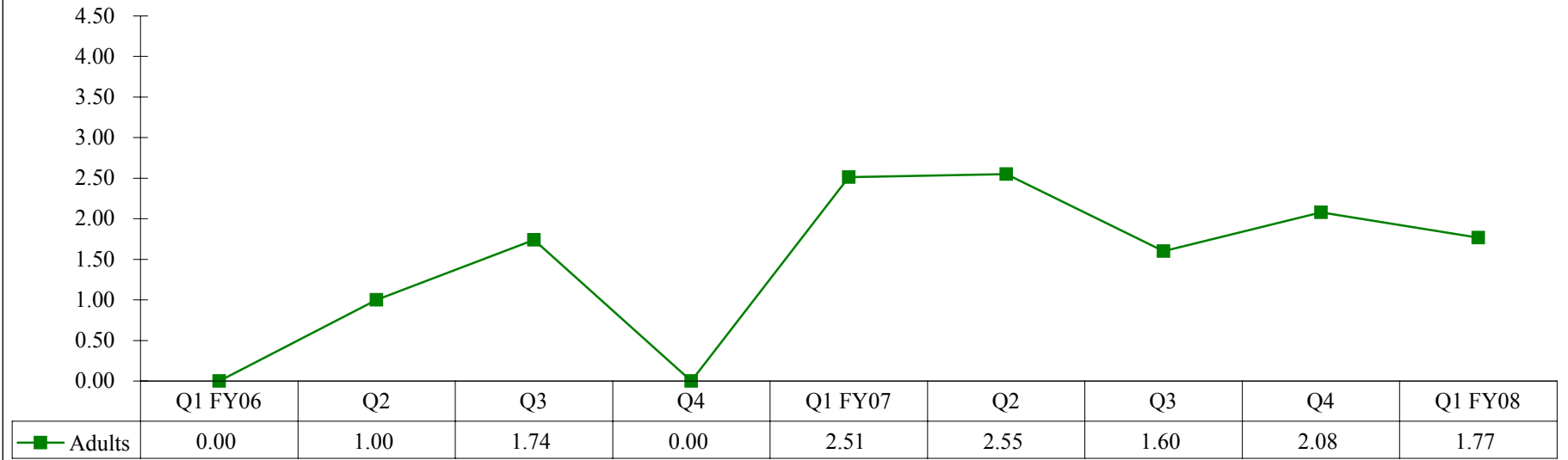
Objective 3A - Maintain Restraint and Seclusion Data

Big Spring State Hospital

Average Number of Hours Per Incident in Restraints



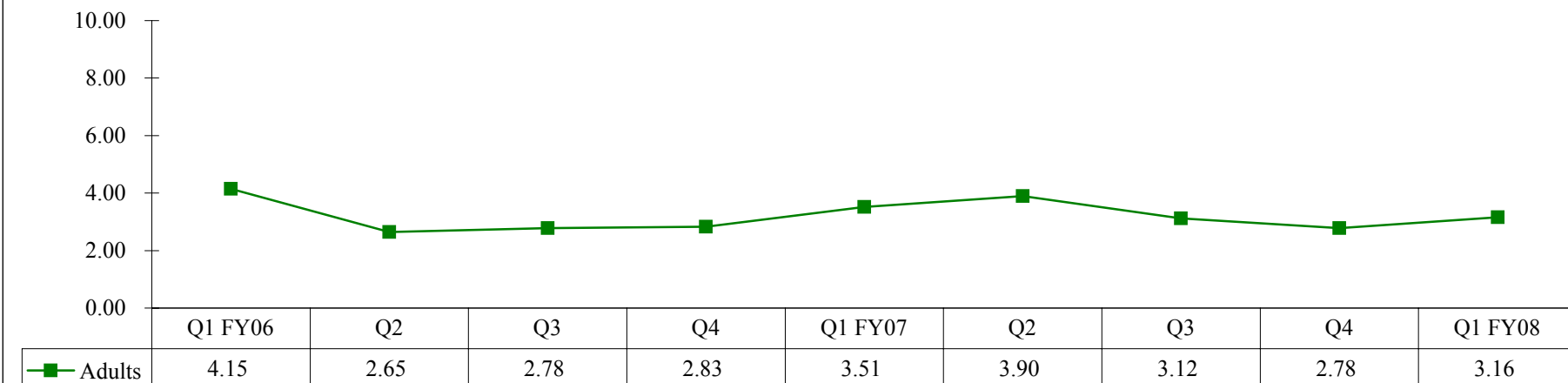
Average Number of Hours Per Incident in Seclusion



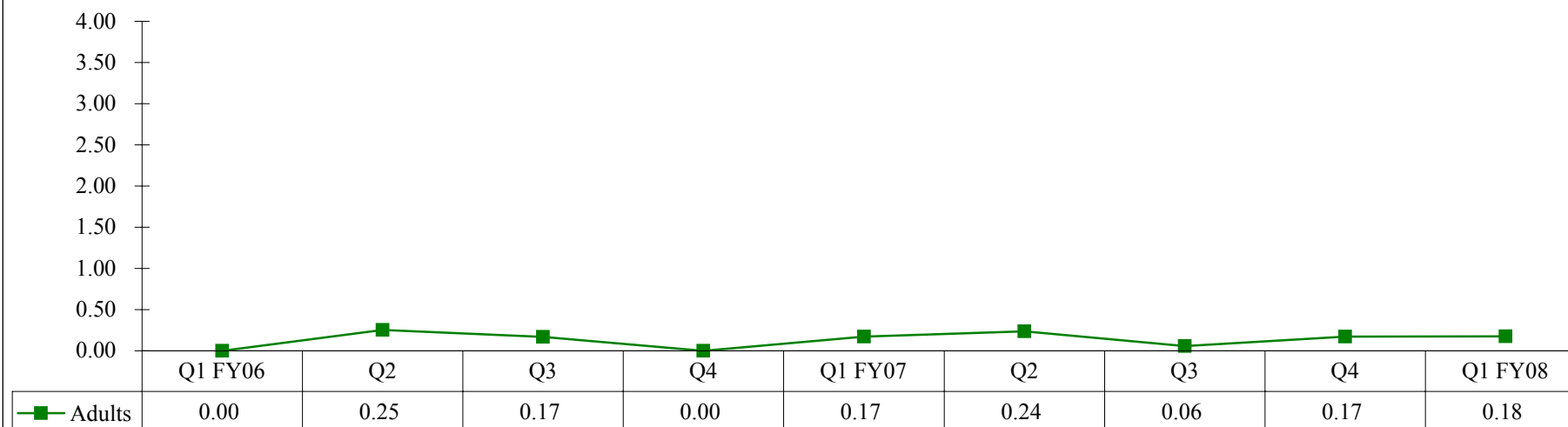
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Big Spring State Hospital

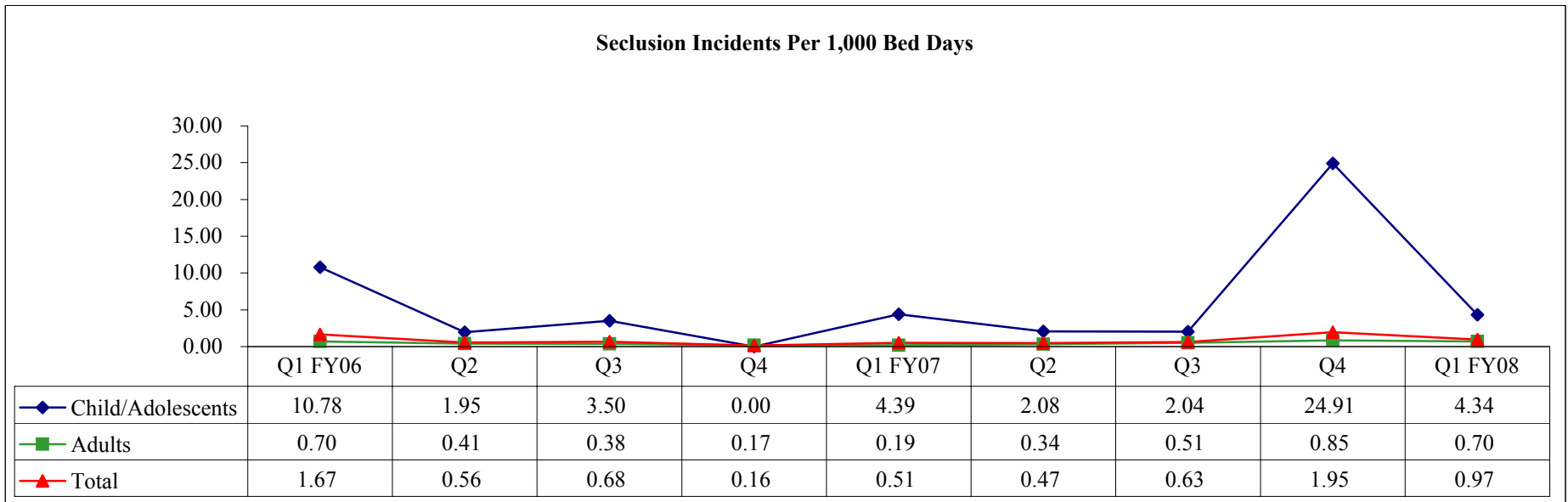
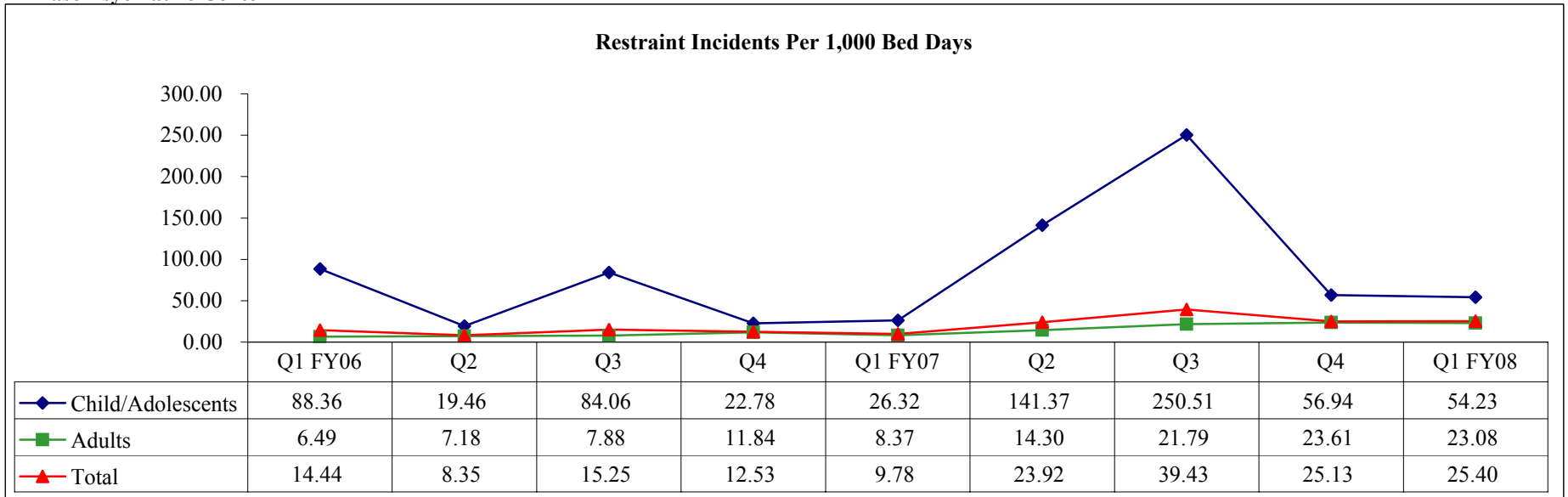
Number of Persons in Restraint/1000 Bed Days



Number of Persons in Seclusion/1000 Bed Days



Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

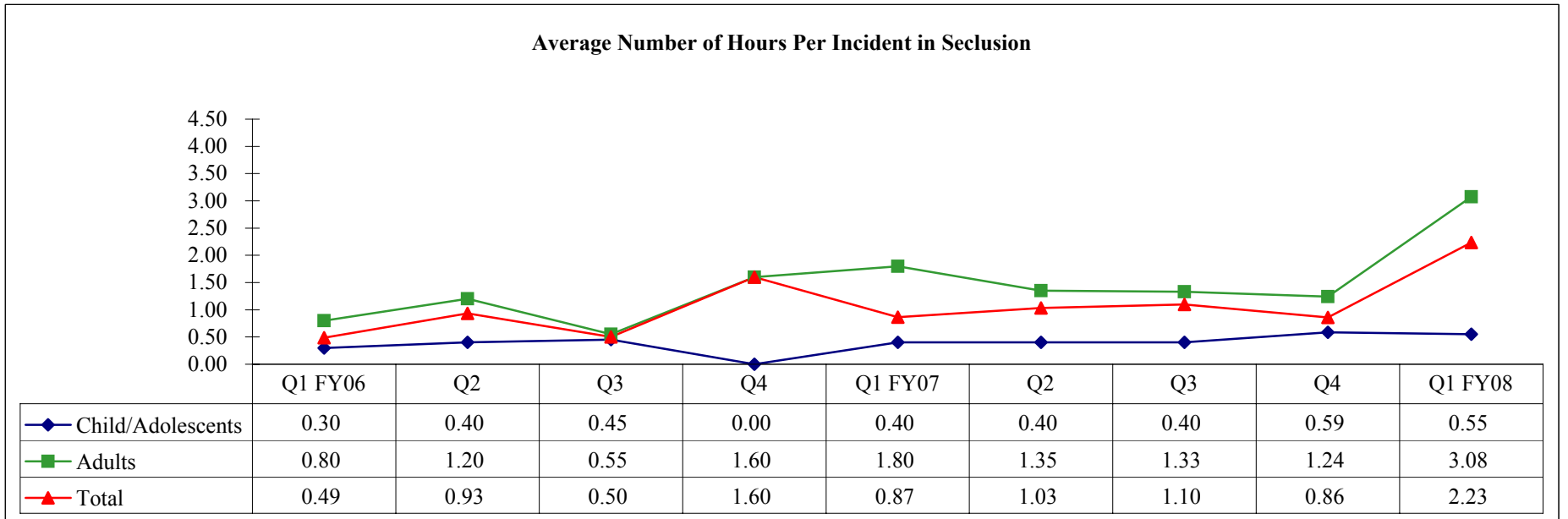
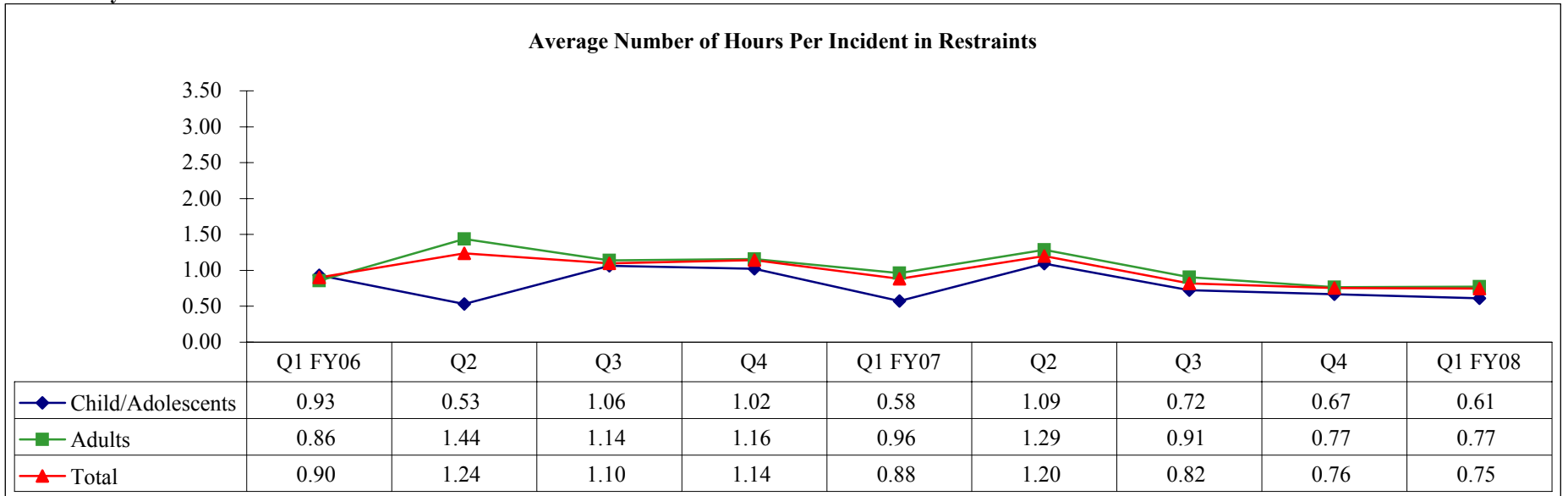


Change in reporting definition December 2006

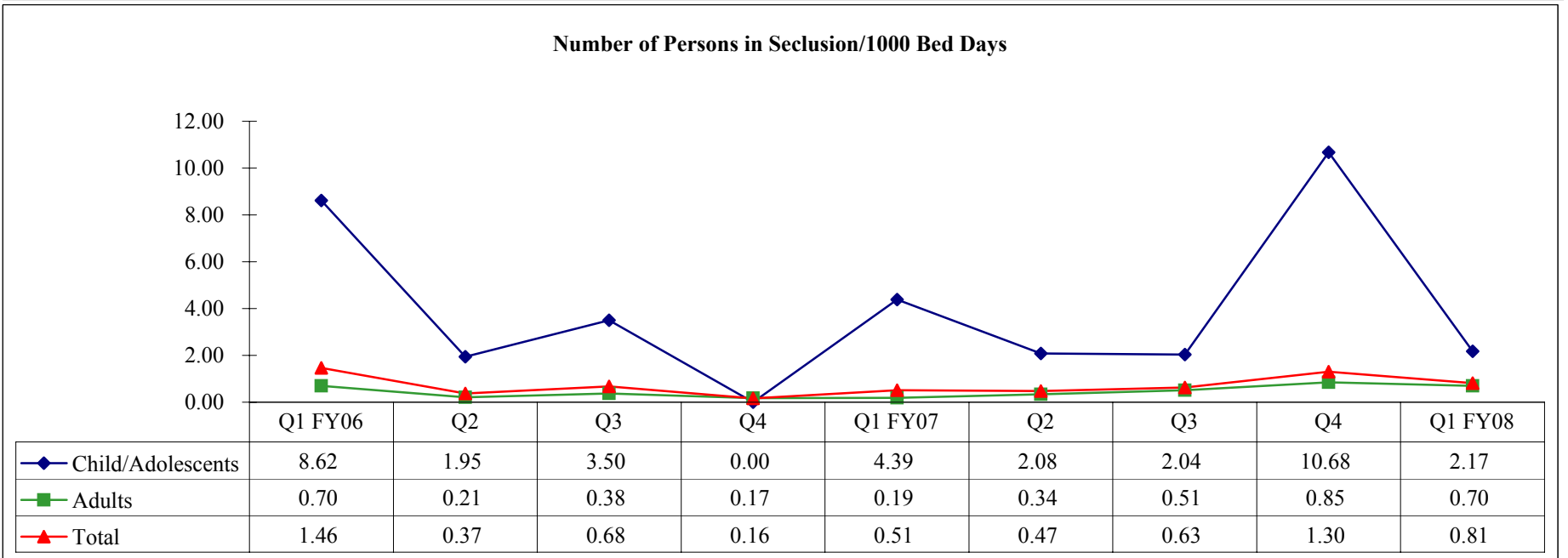
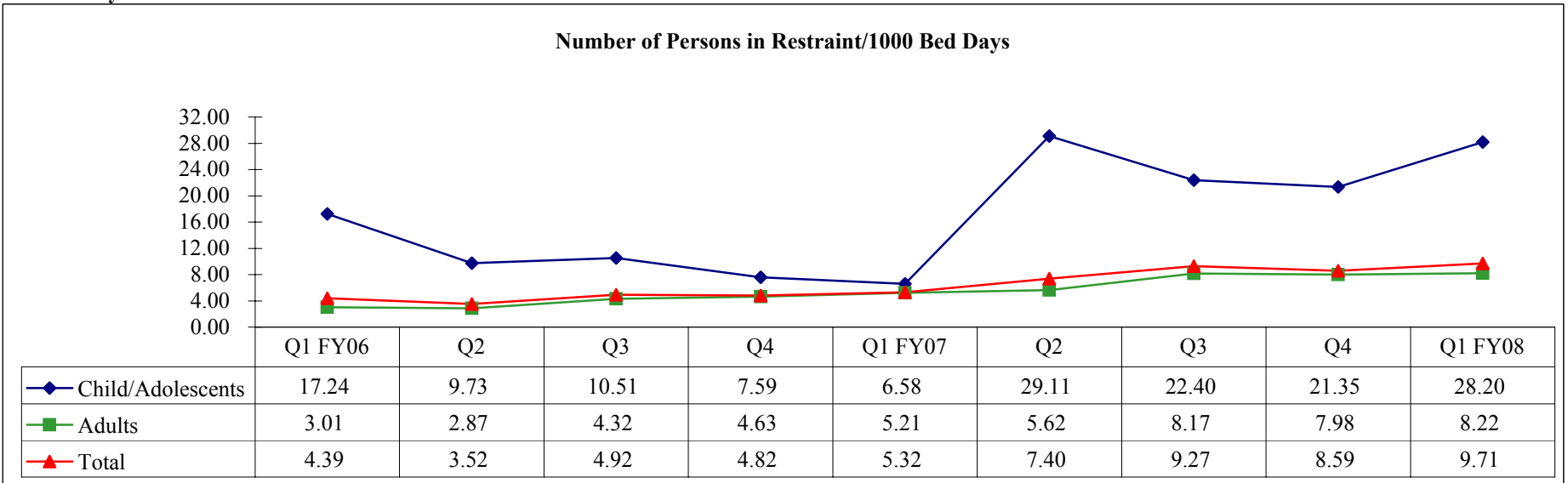
Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Table: Hospital Management Data Services

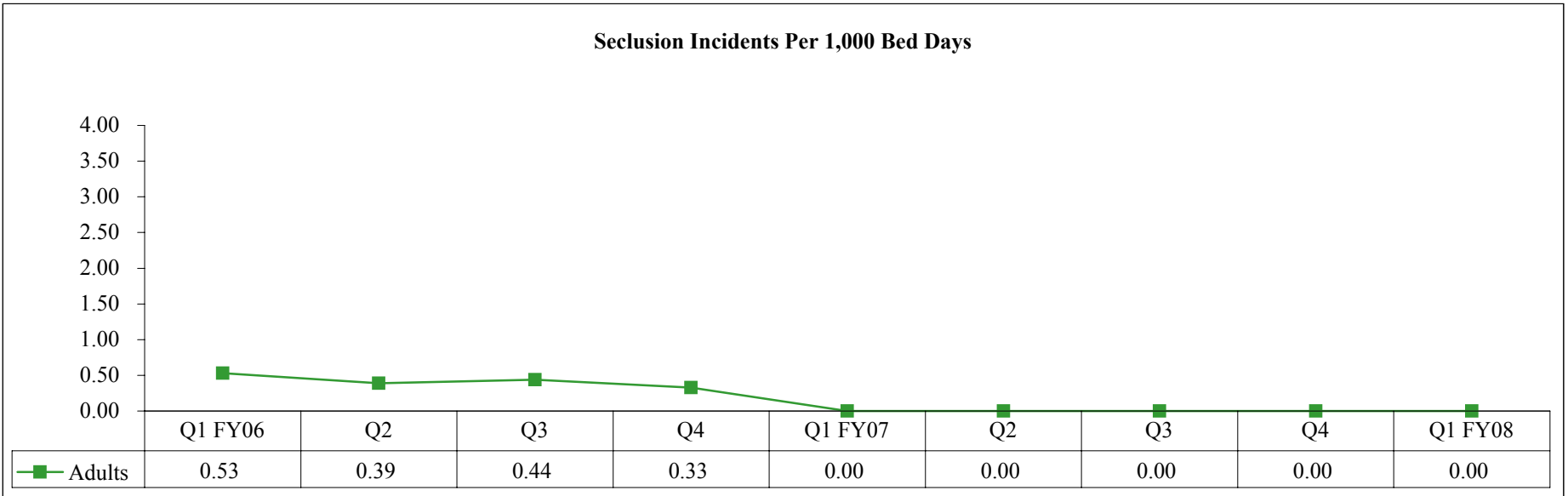
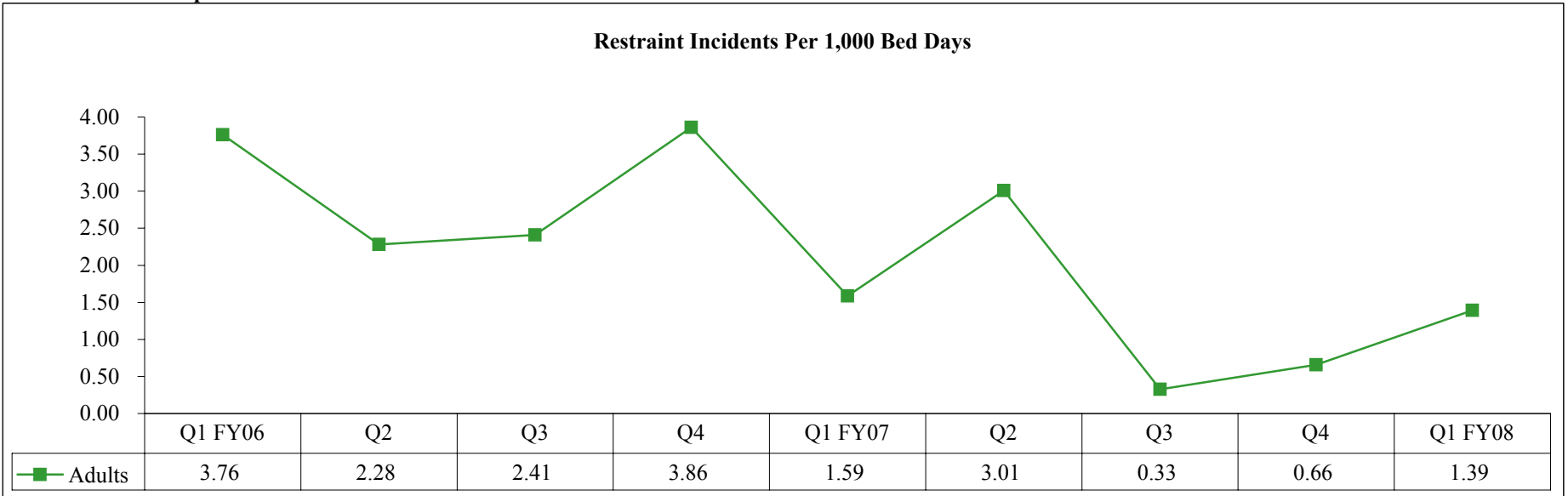
Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center



Objective 3A - Maintain Restraint and Seclusion Data
El Paso Psychiatric Center

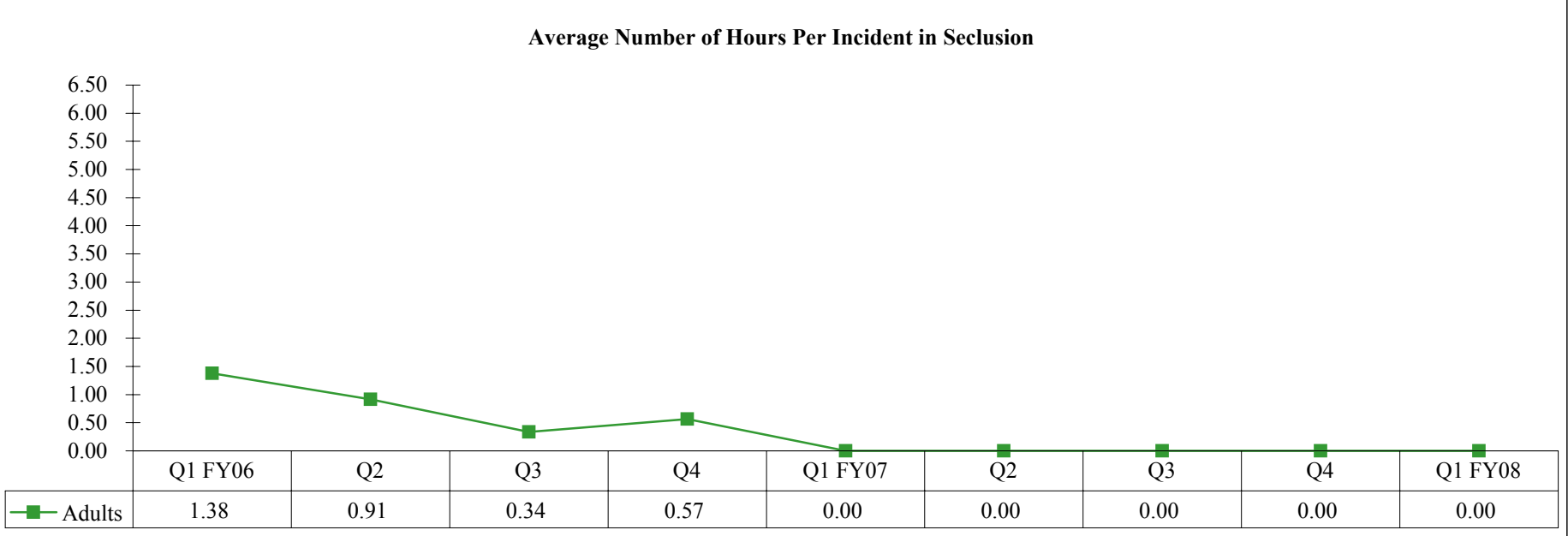
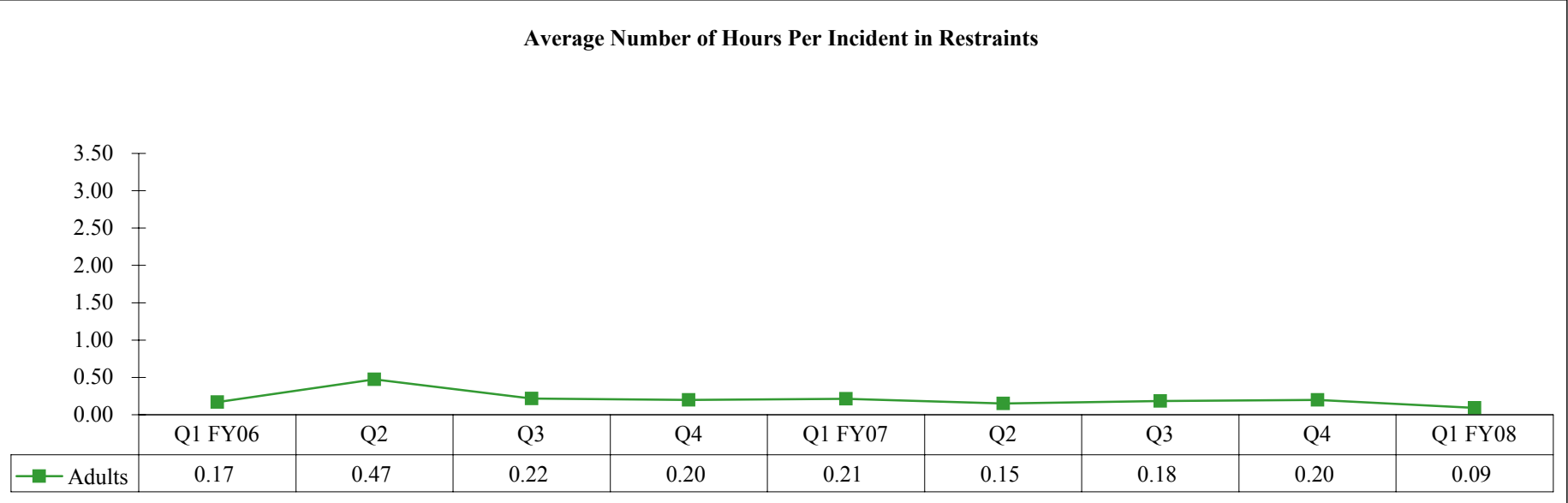


Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital

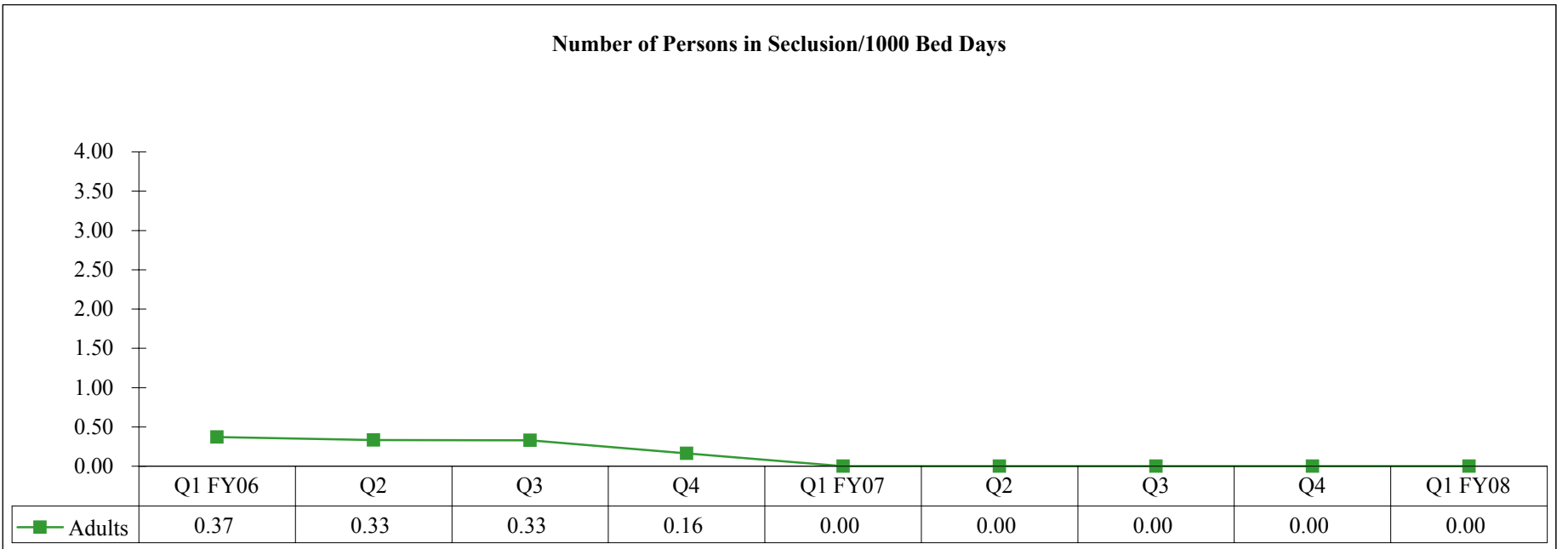
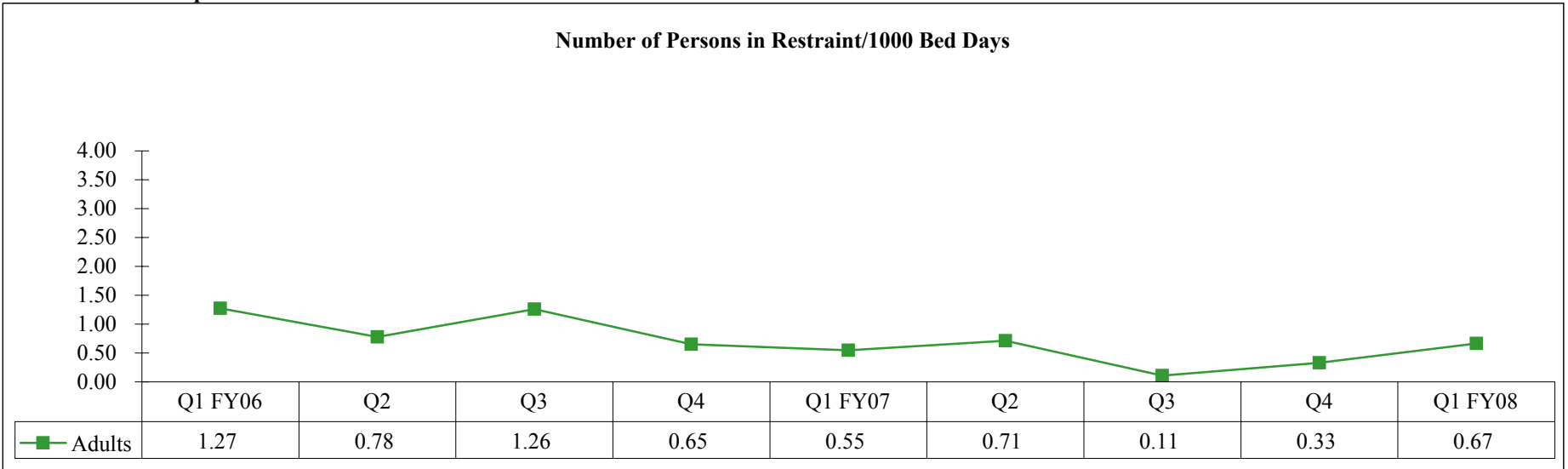


Change in reporting definition December 2006

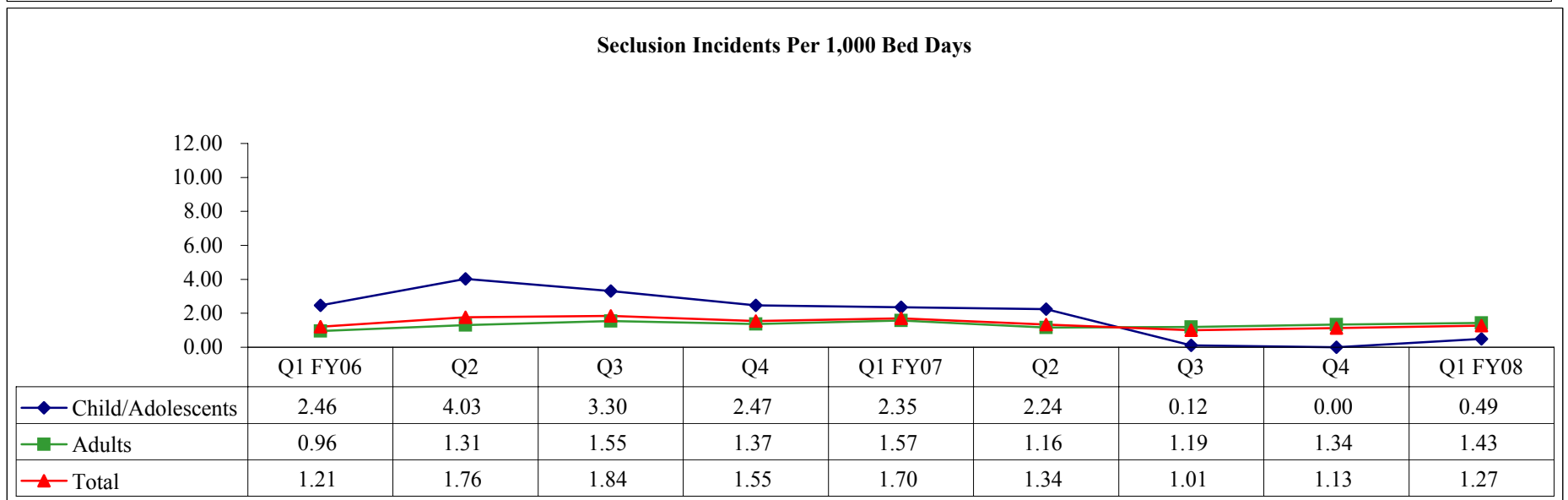
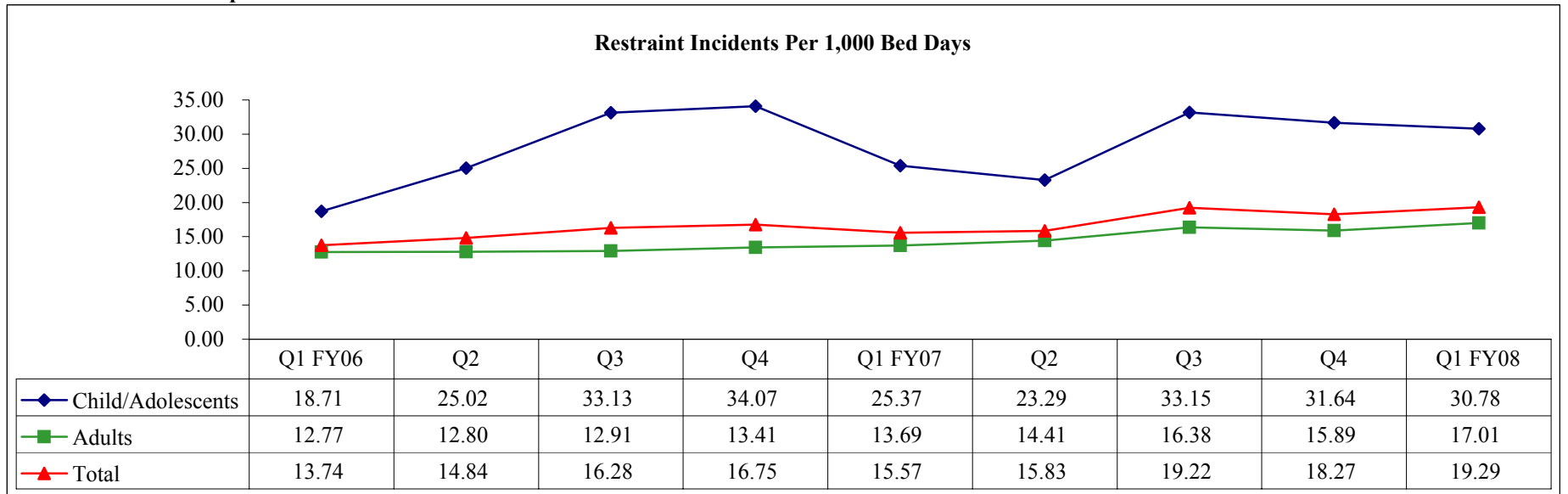
Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital



Objective 3A - Maintain Restraint and Seclusion Data
Kerrville State Hospital



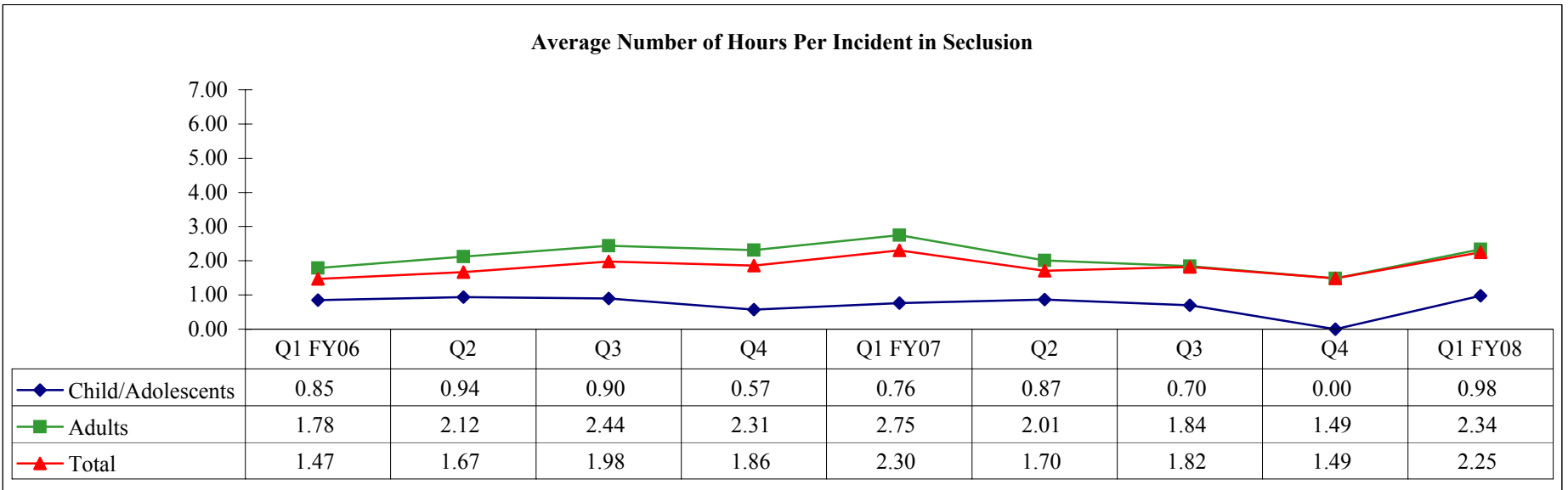
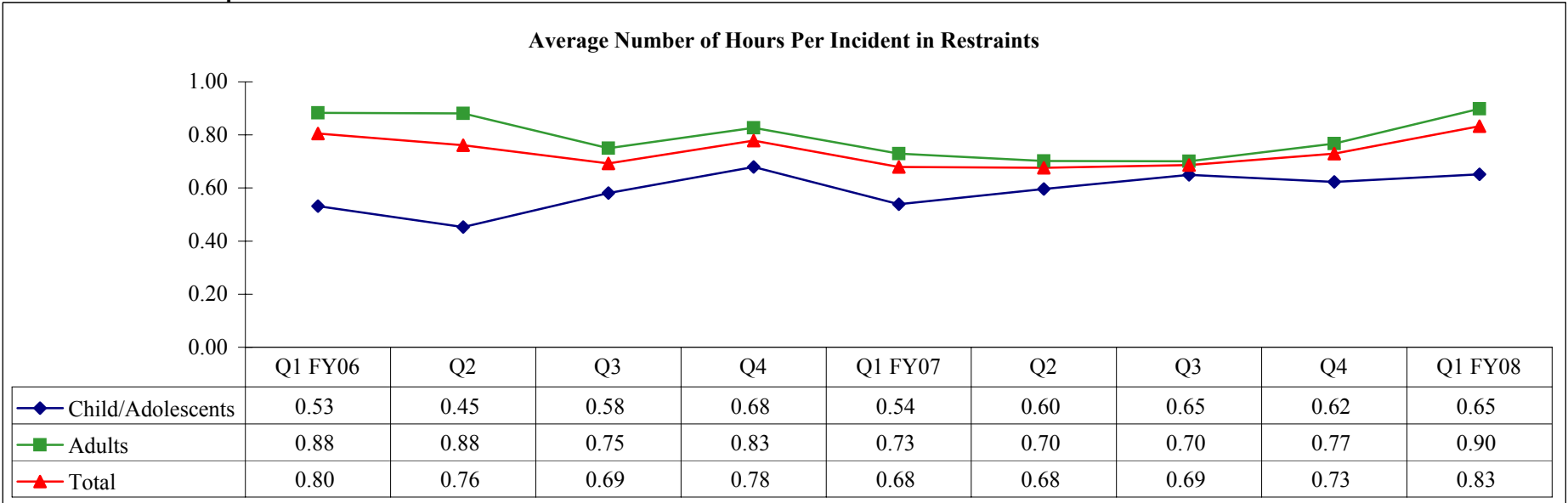
Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



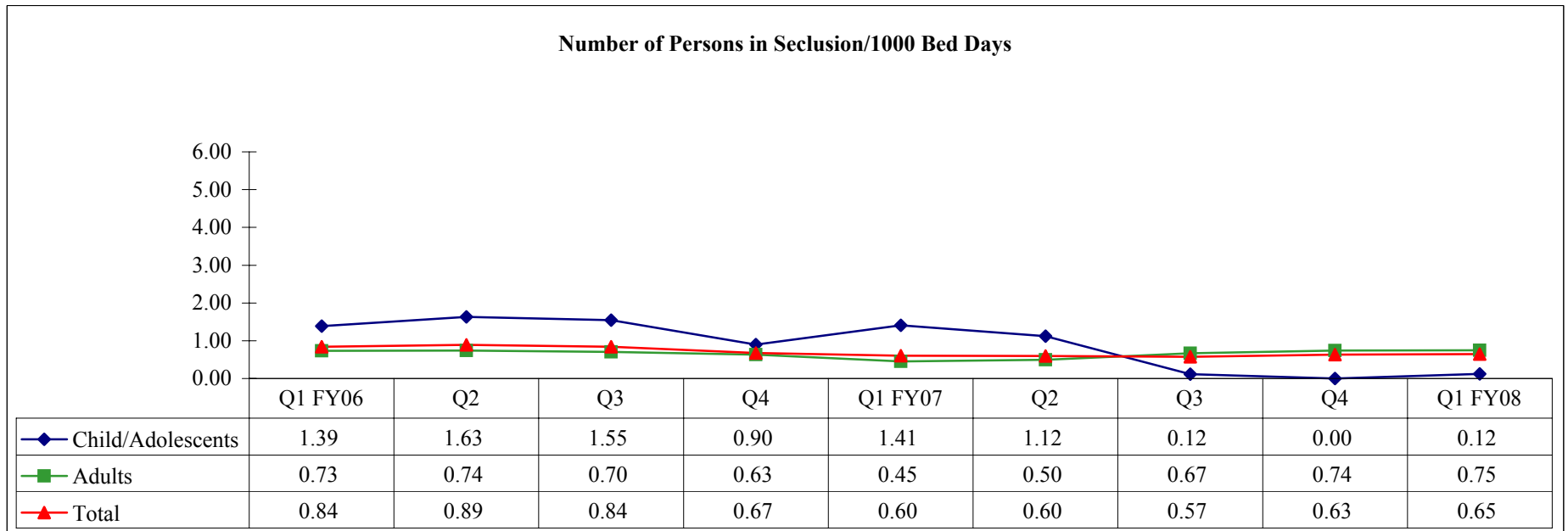
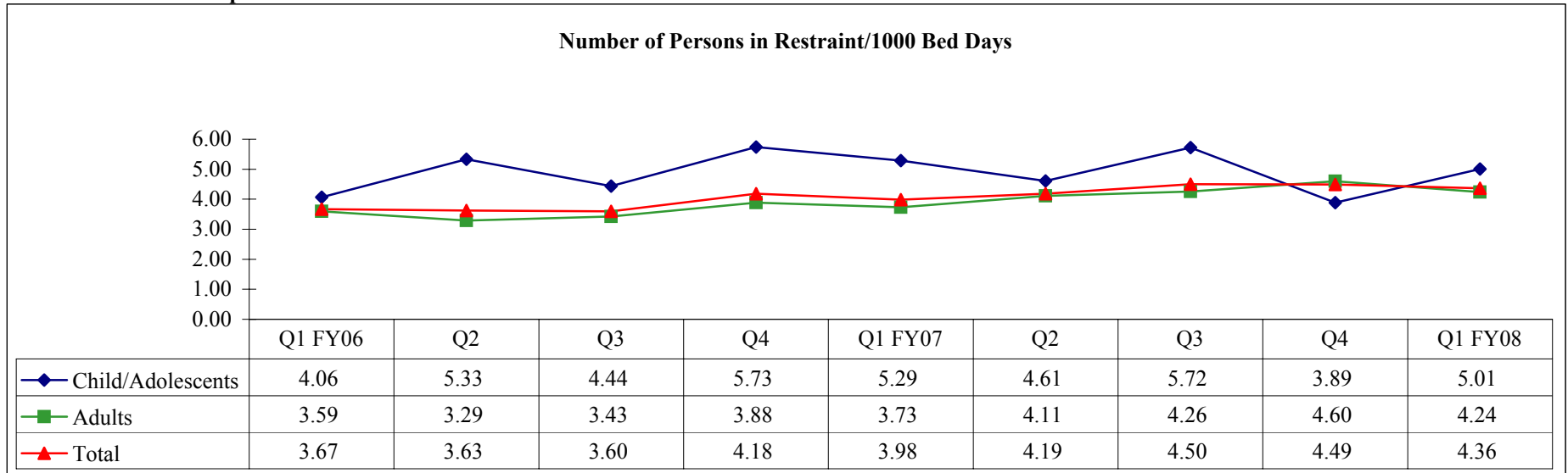
Change in reporting definition December 2006

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
Access Database

Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital

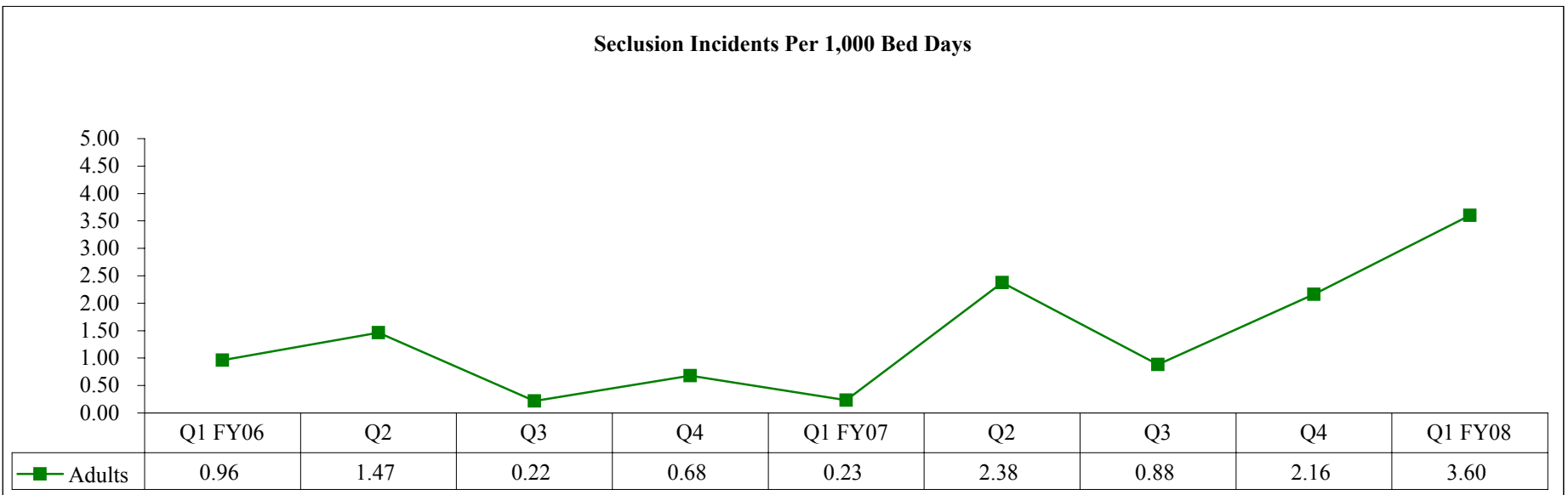
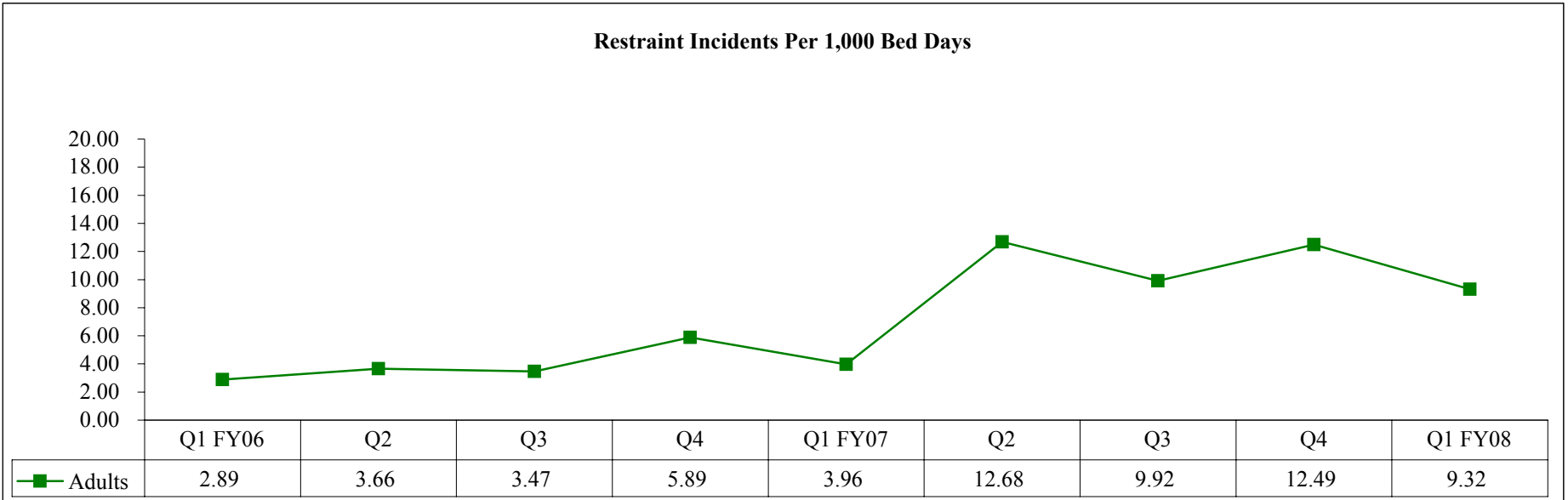


Objective 3A - Maintain Restraint and Seclusion Data
North Texas State Hospital



Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
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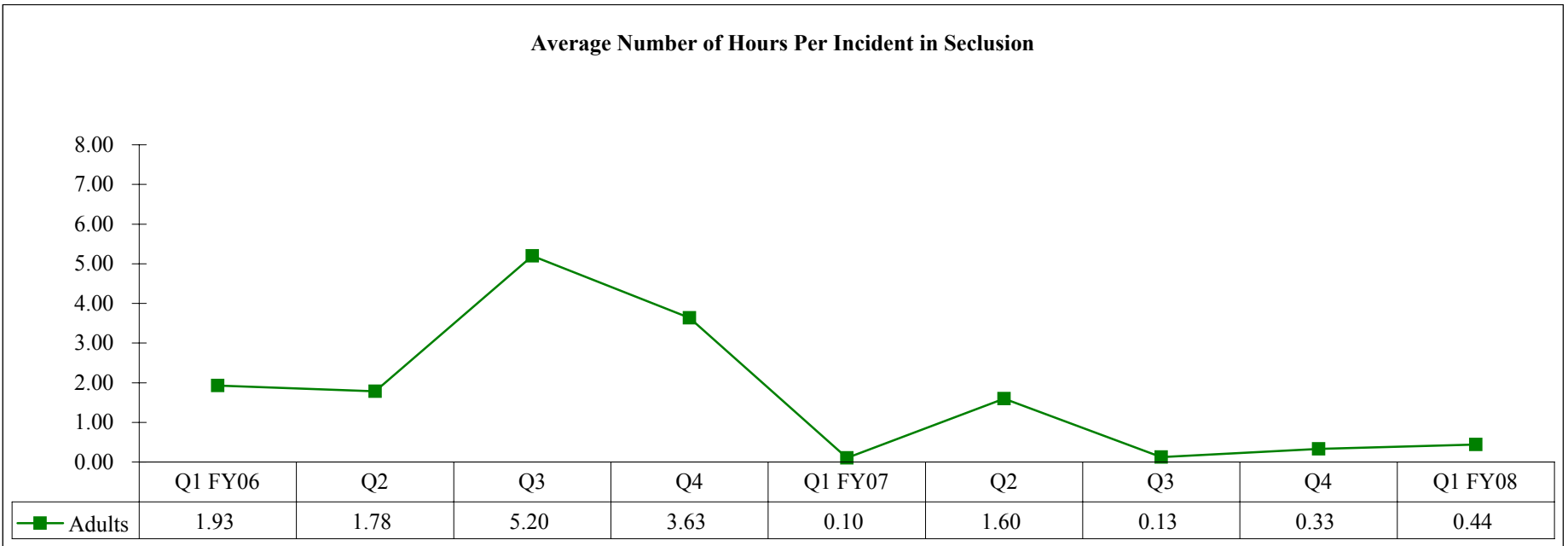
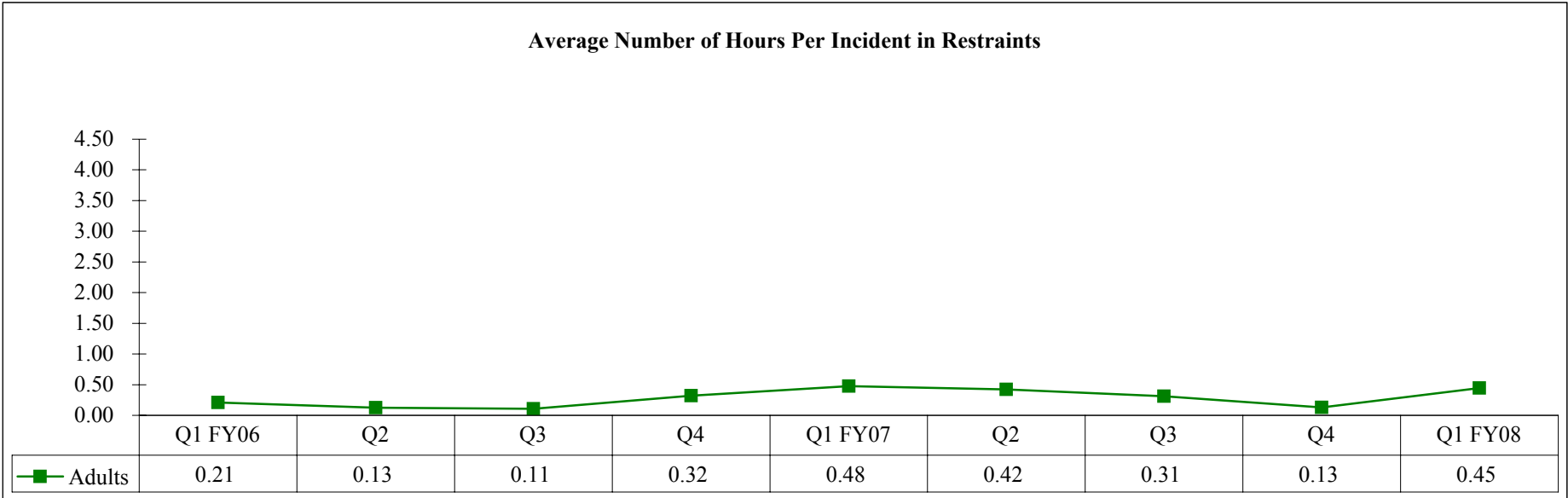
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



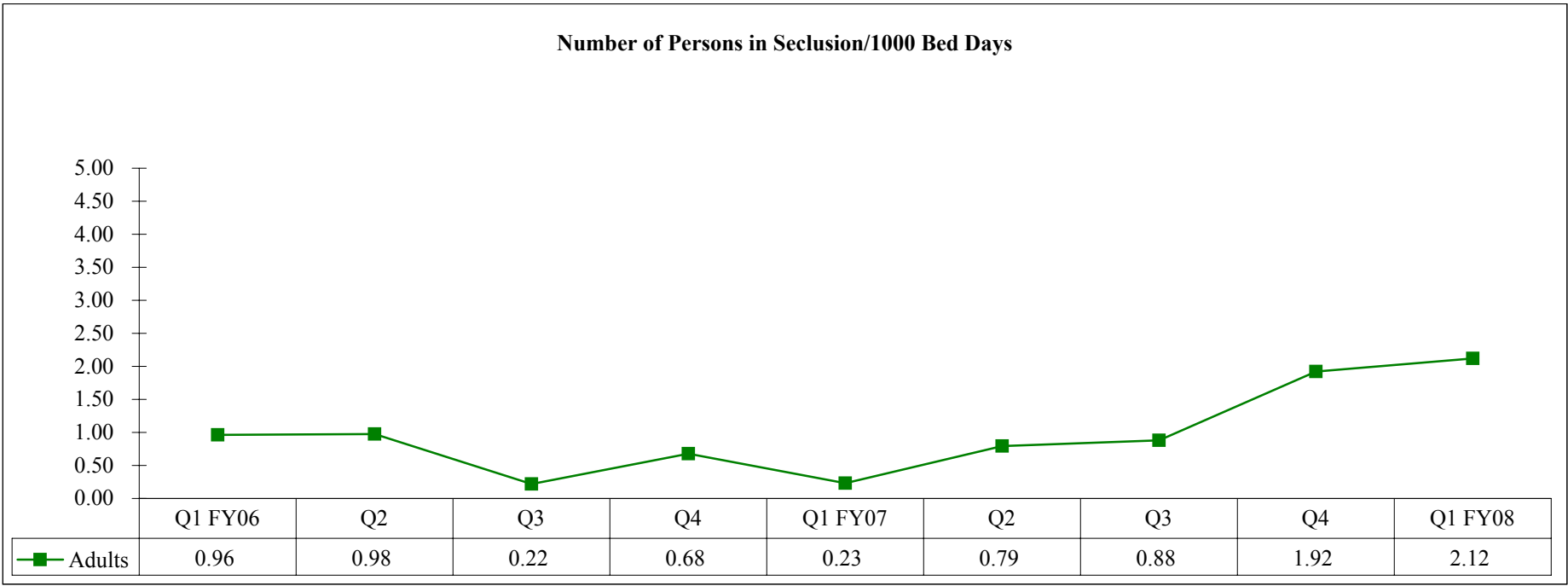
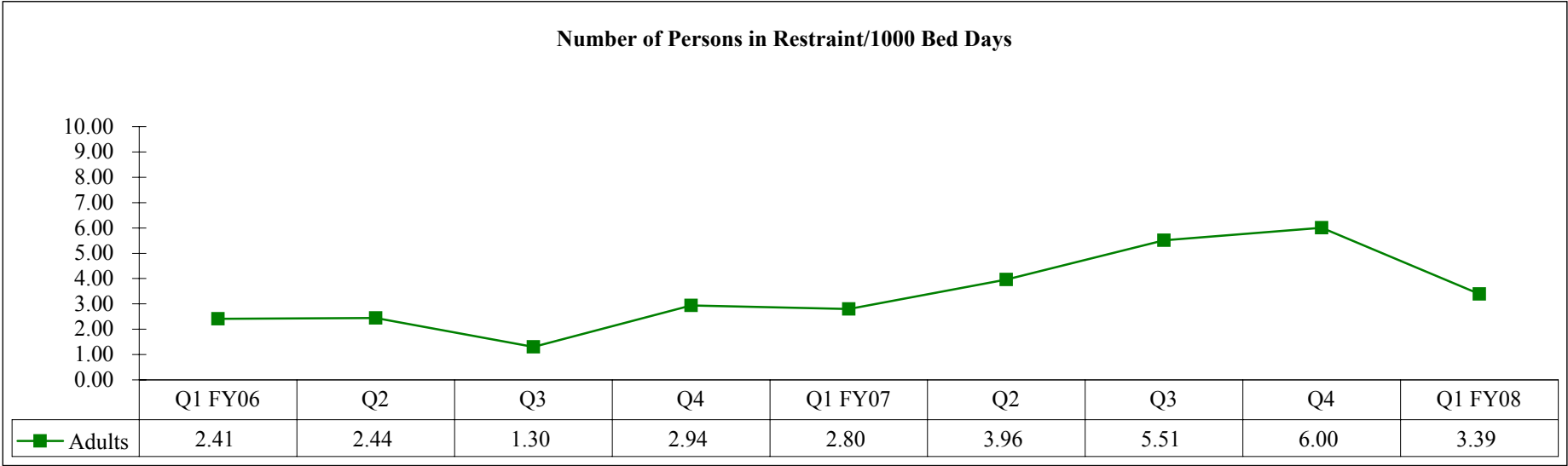
Change in reporting definition December 2006

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

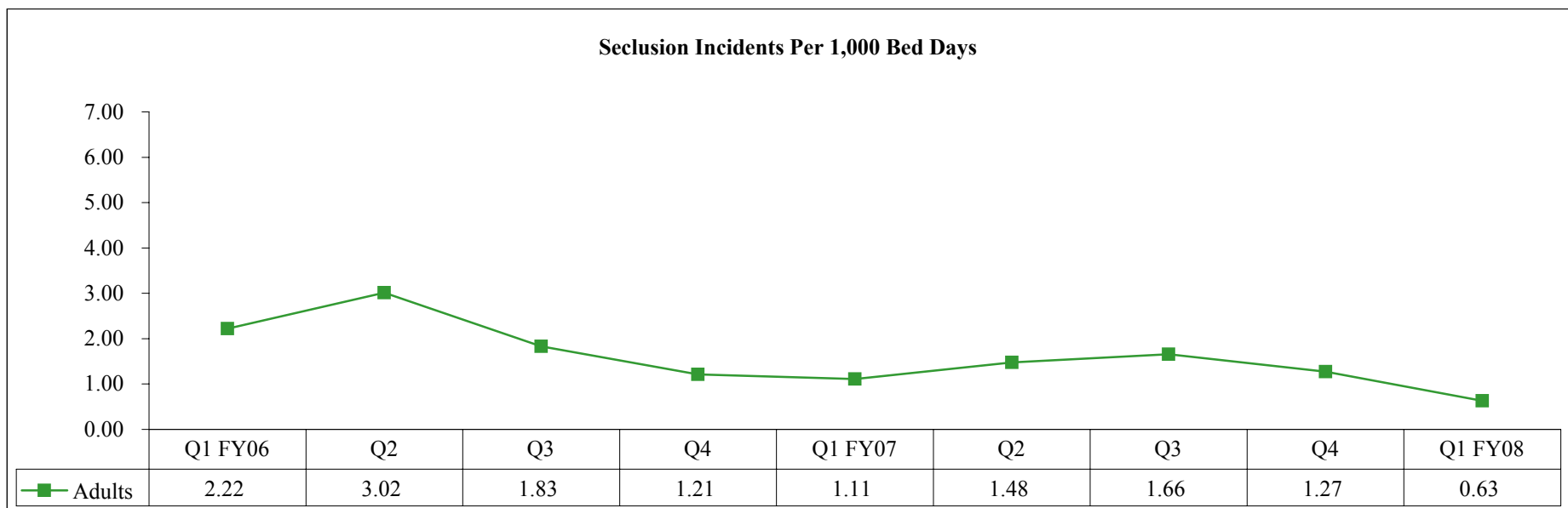
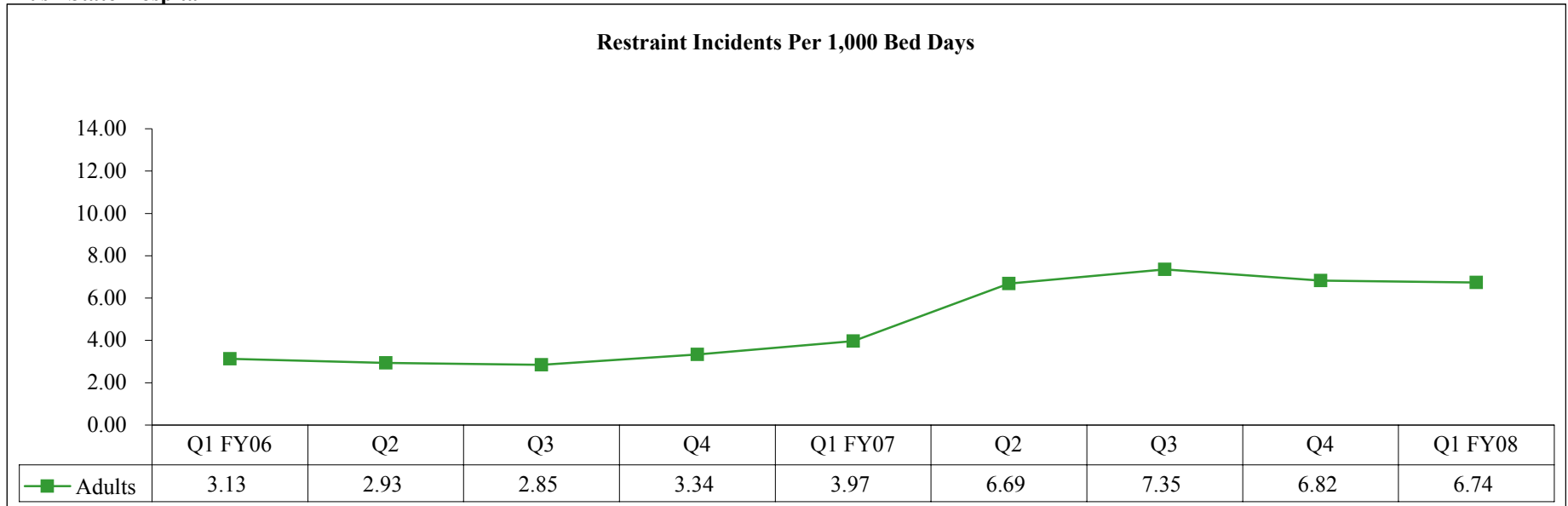
Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



Objective 3A - Maintain Restraint and Seclusion Data
Rio Grande State Center



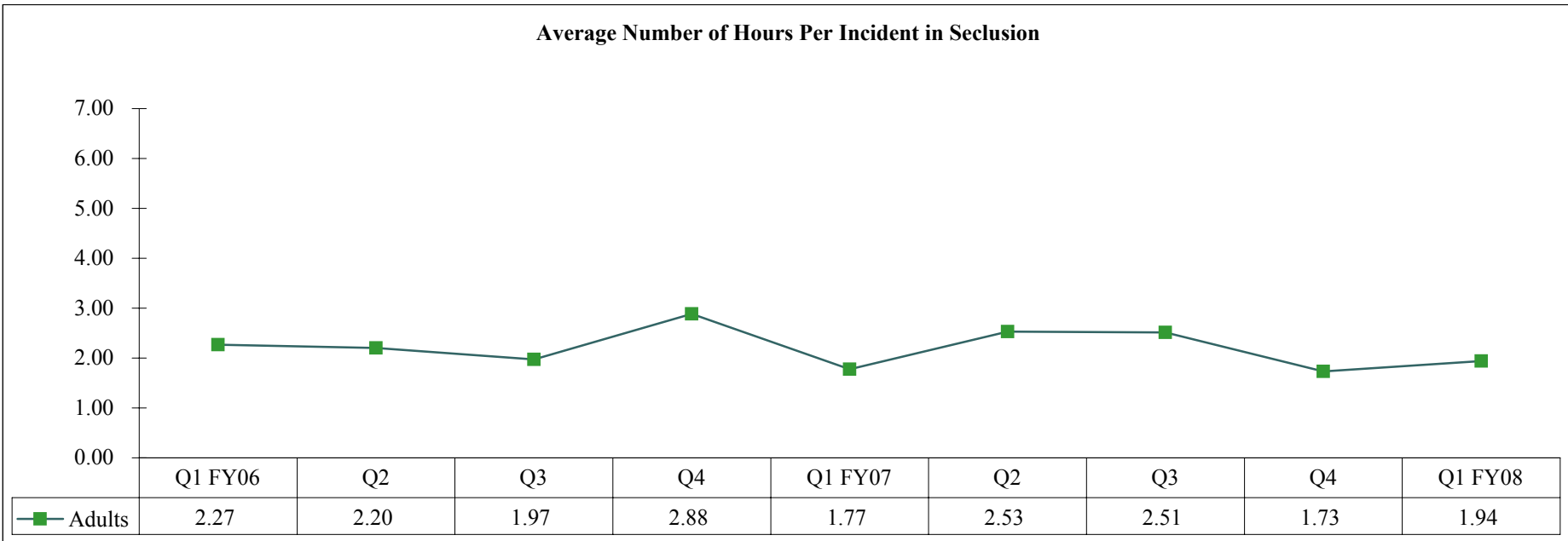
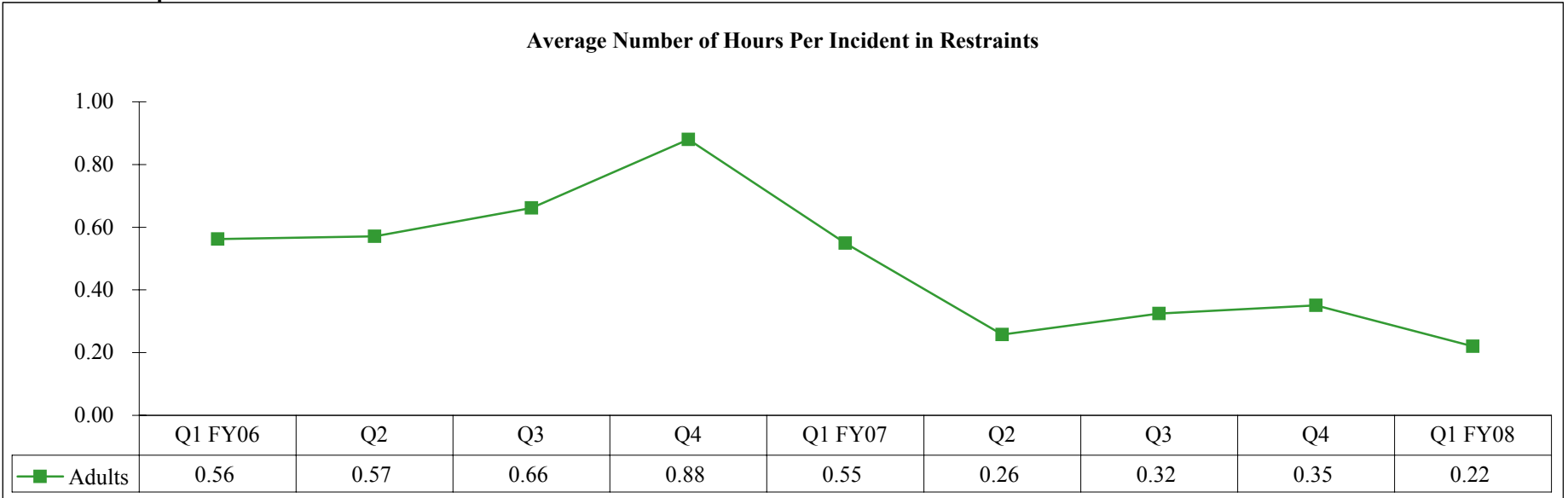
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



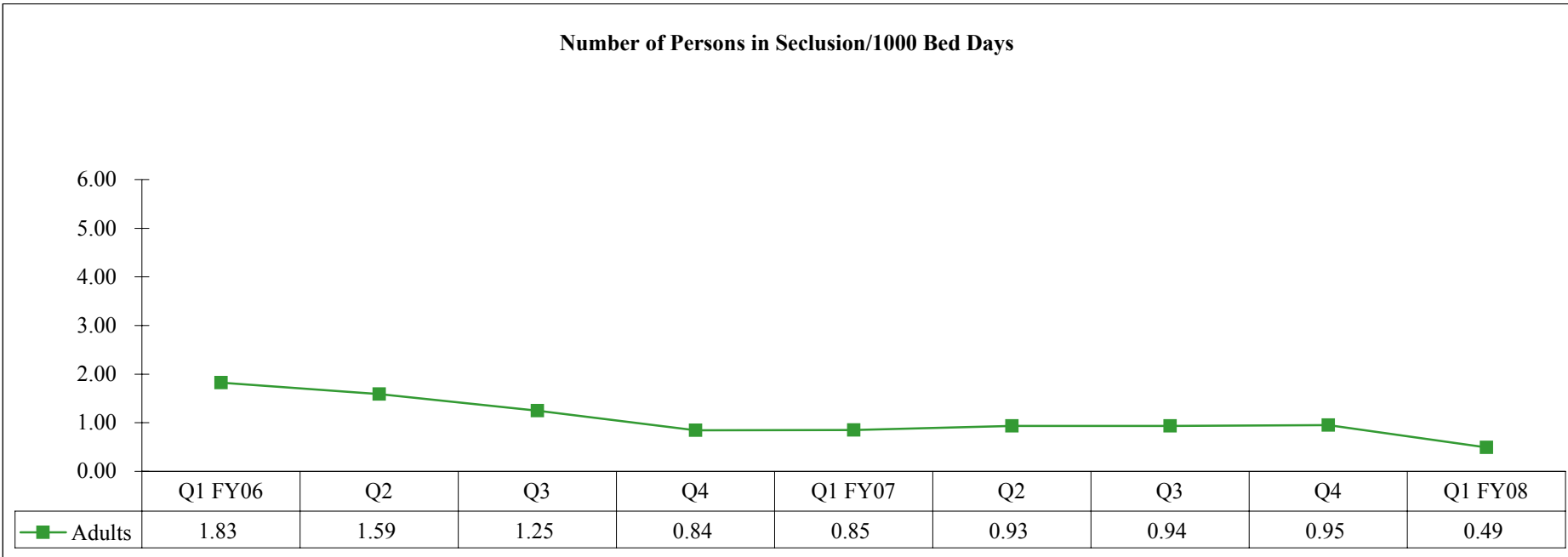
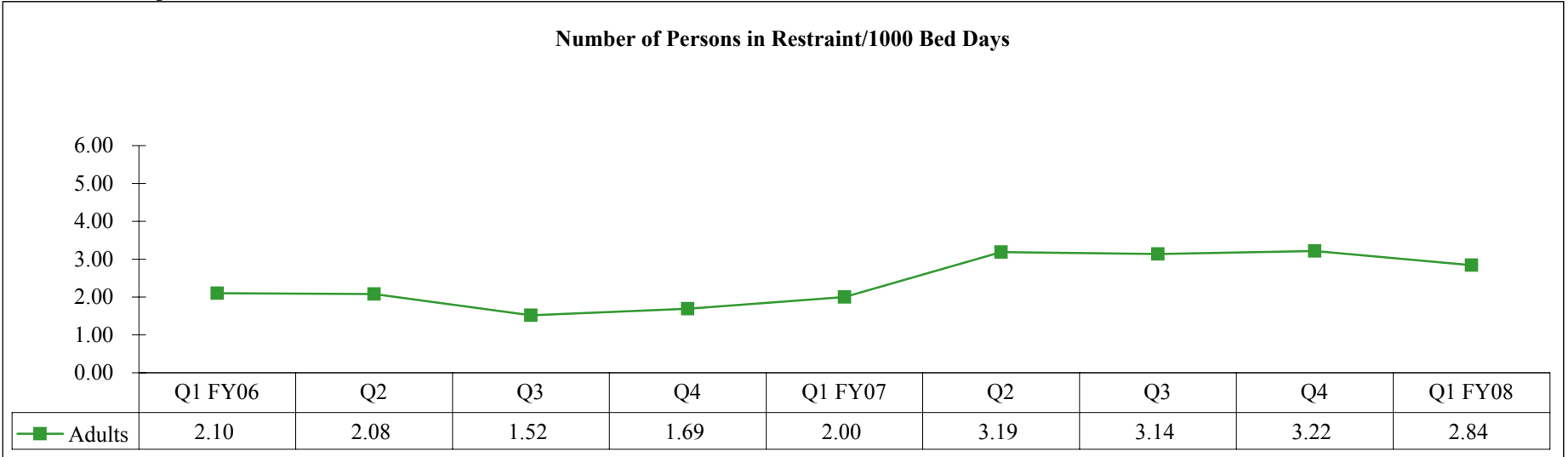
Change in reporting definition December 2006

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

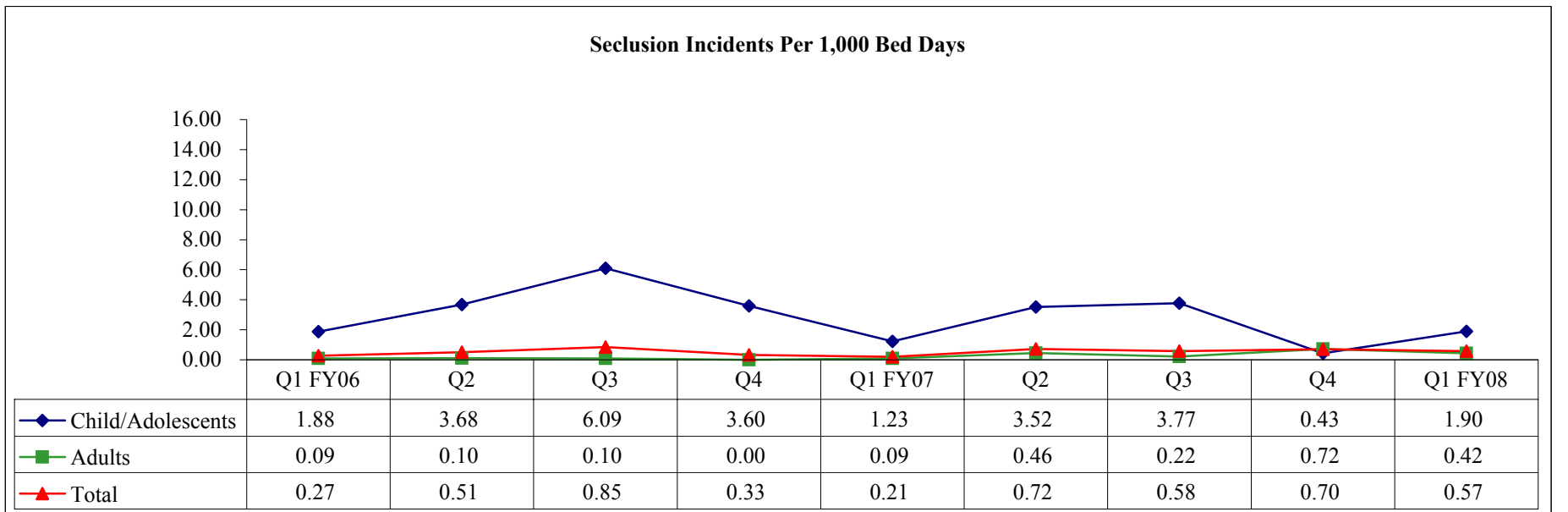
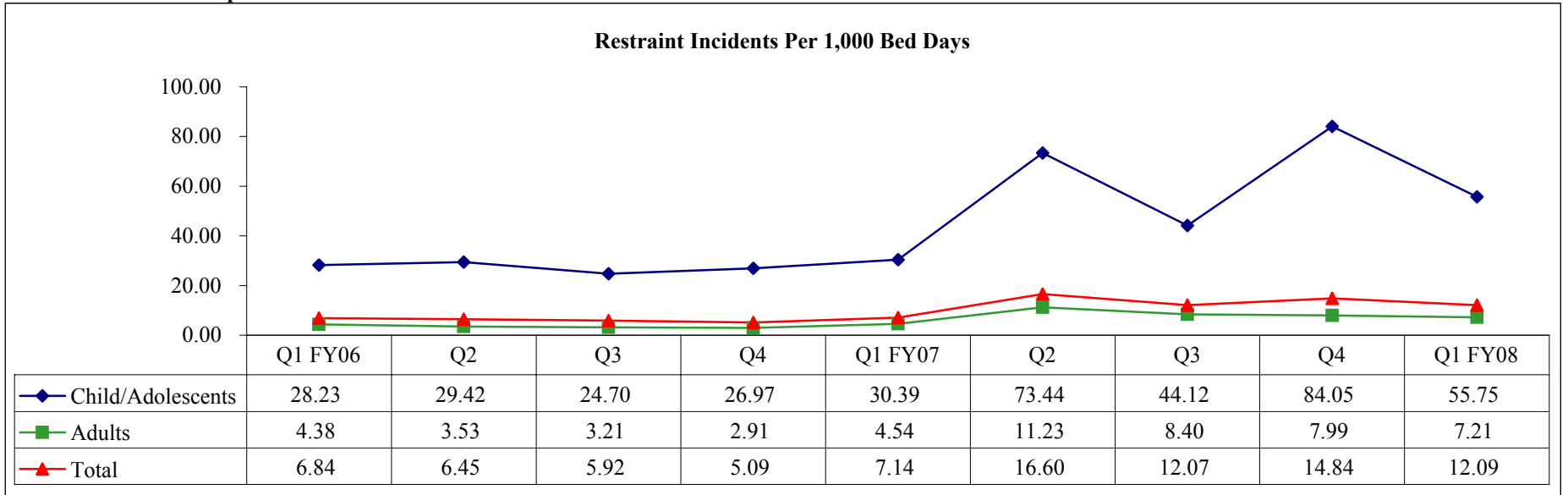
Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



Objective 3A - Maintain Restraint and Seclusion Data
Rusk State Hospital



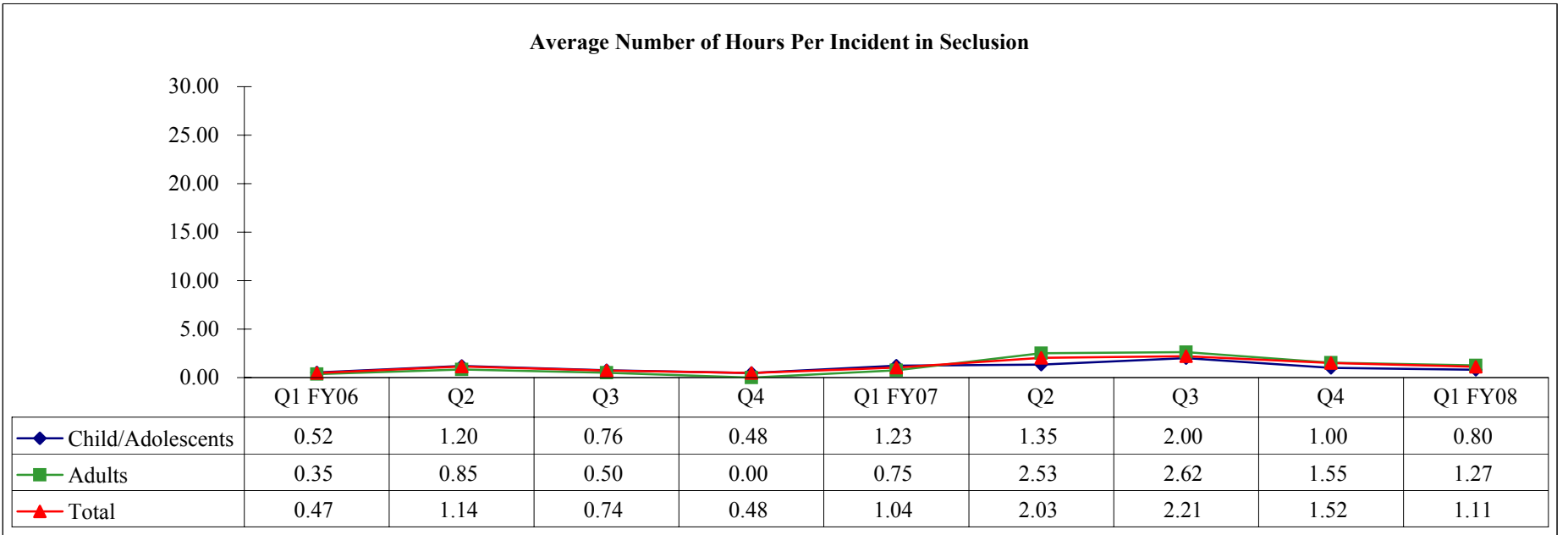
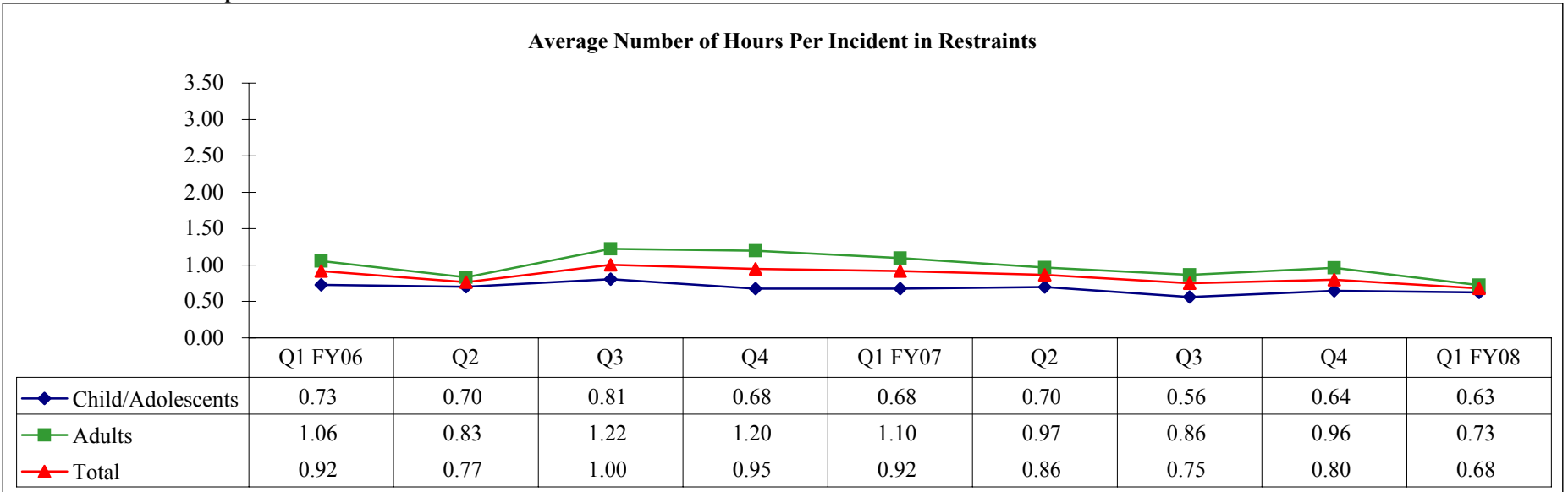
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



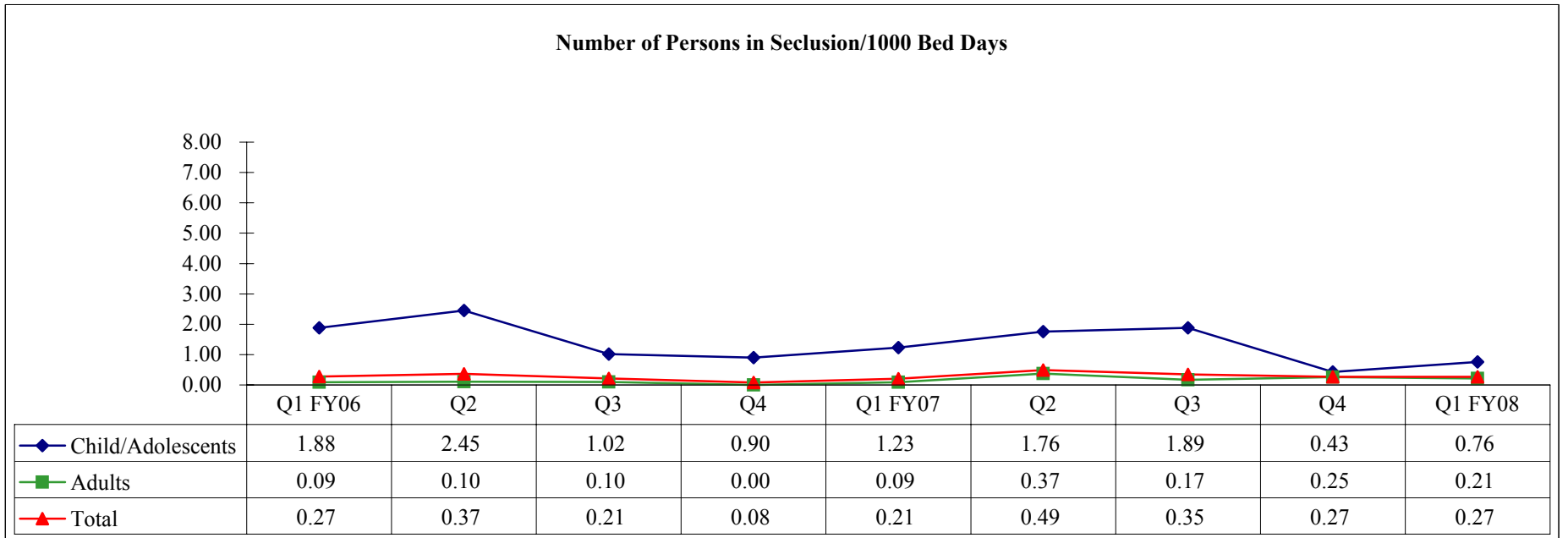
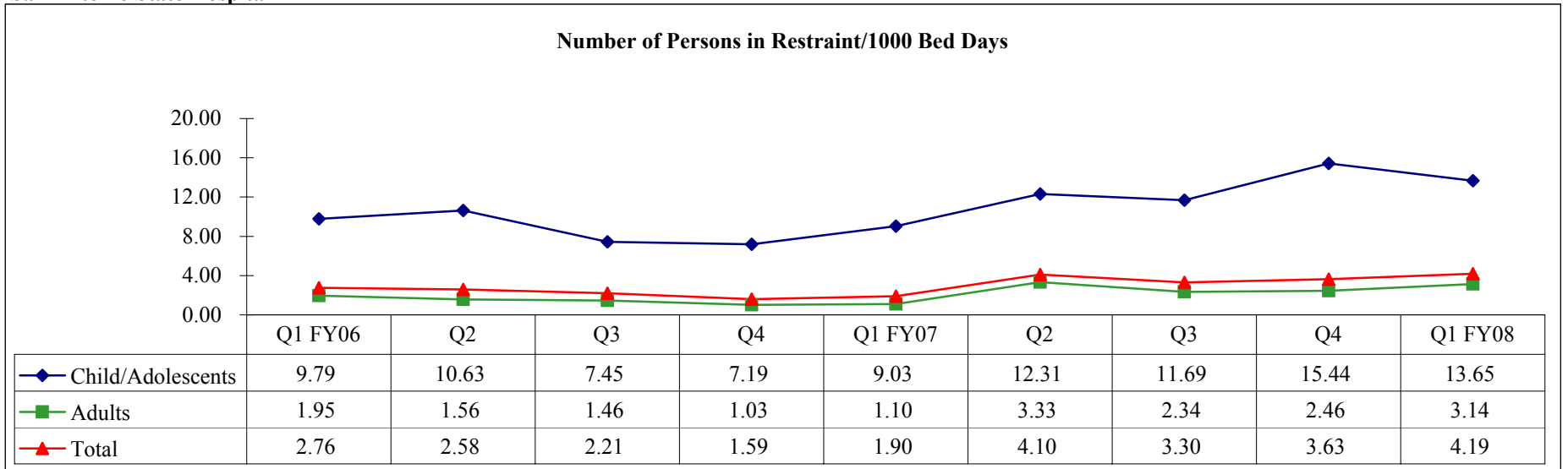
Change in reporting definition December 2006

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

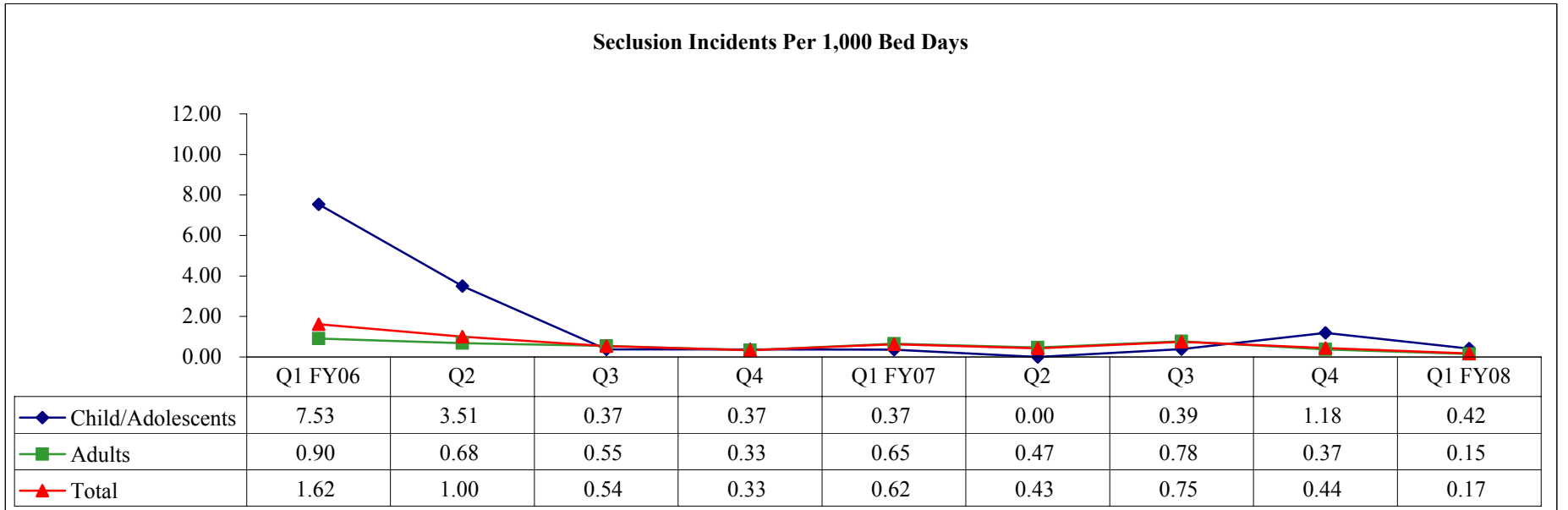
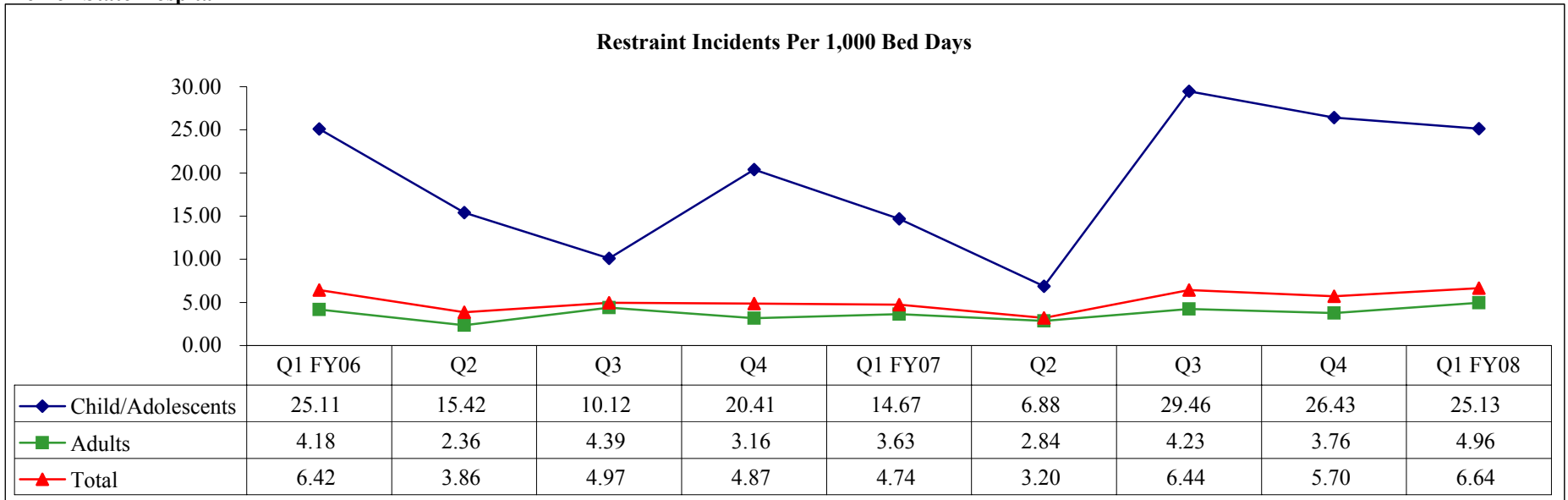
Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



Objective 3A - Maintain Restraint and Seclusion Data
San Antonio State Hospital



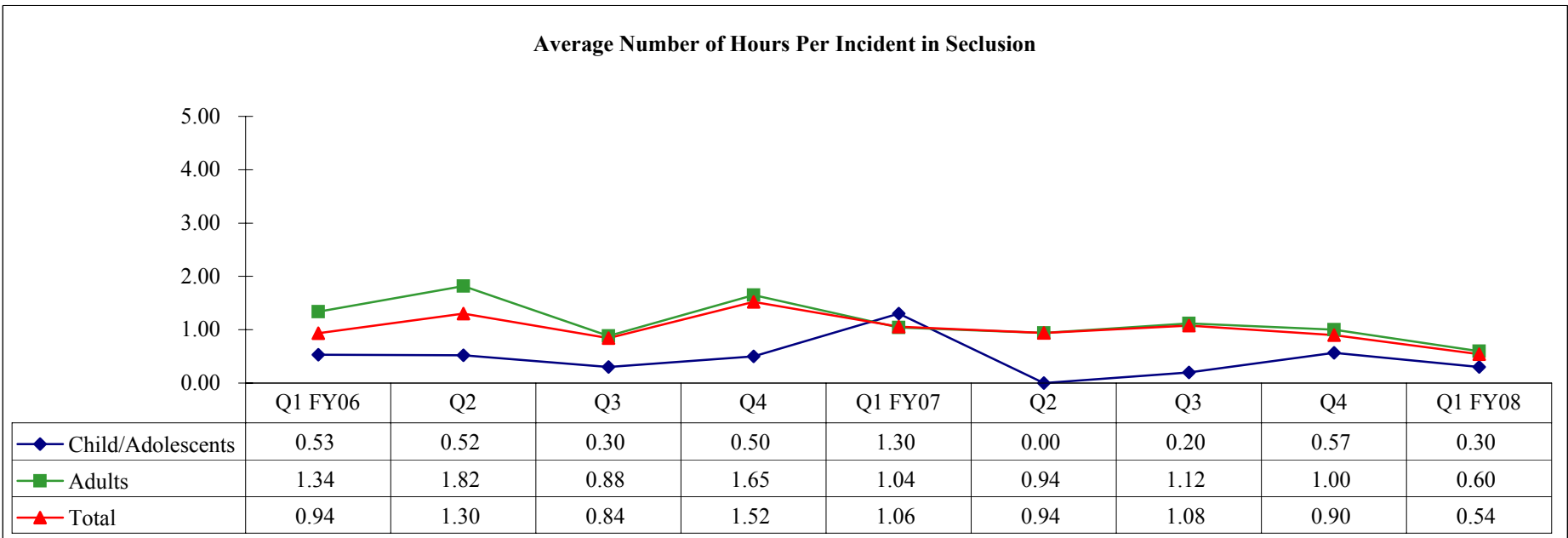
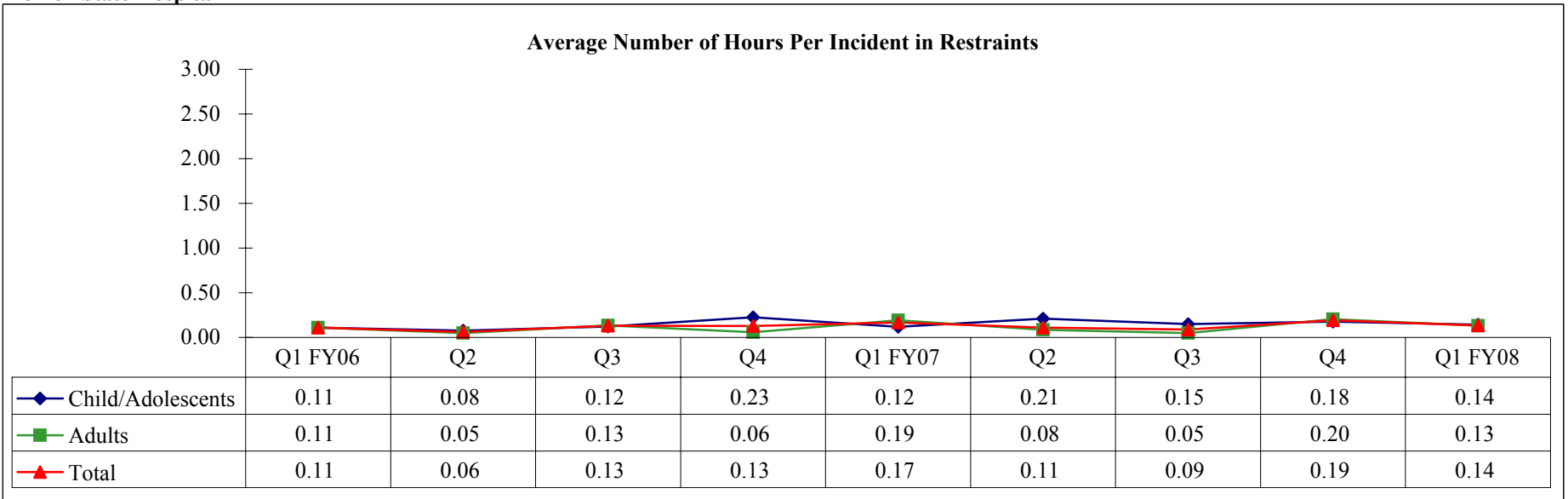
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



Change in reporting definition December 2006

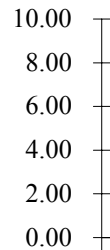
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 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital



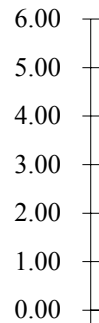
Objective 3A - Maintain Restraint and Seclusion Data
Terrell State Hospital

Number of Persons in Restraint/1000 Bed Days



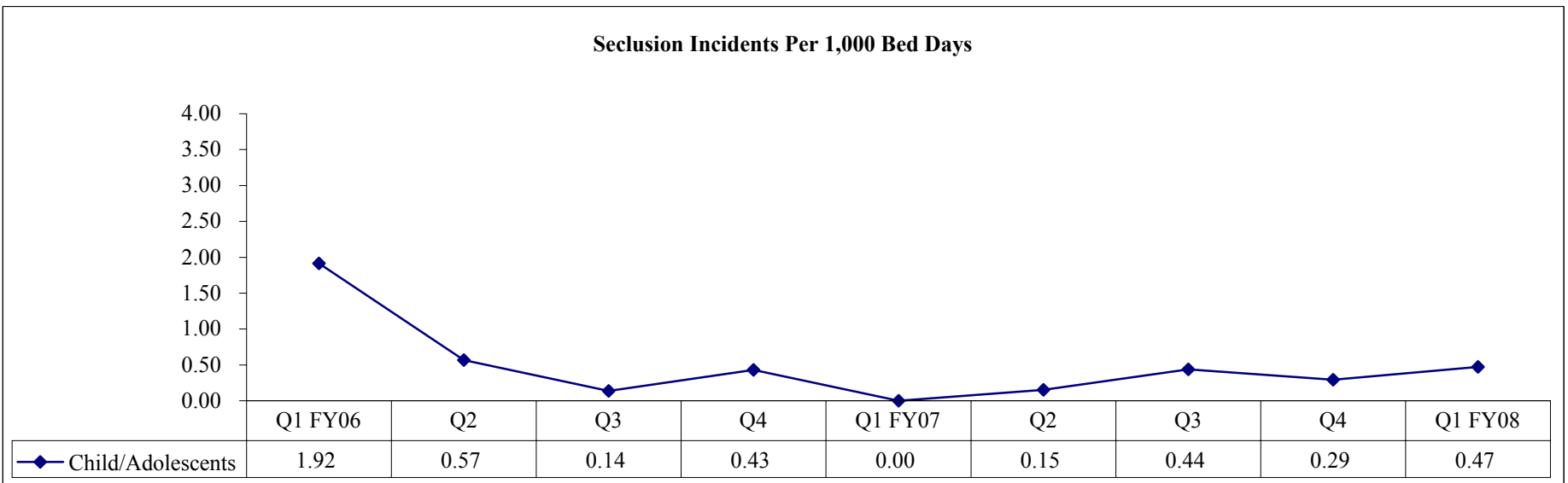
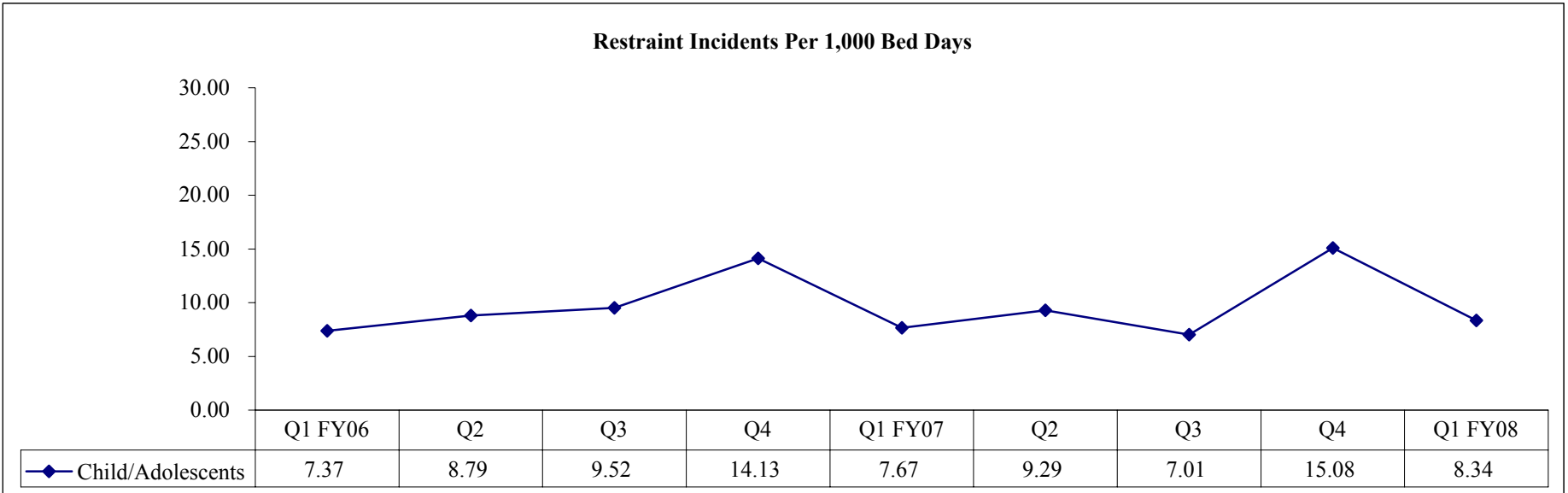
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
◆ Child/Adolescents	7.17	6.66	4.50	5.94	6.97	3.64	9.69	9.86	9.21
■ Adults	2.46	1.77	2.09	1.60	1.76	1.74	2.12	1.92	2.25
▲ Total	2.96	2.33	2.33	2.03	2.28	1.91	2.78	2.60	2.83

Number of Persons in Seclusion/1000 Bed Days



	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
◆ Child/Adolescents	3.59	3.15	0.37	0.37	0.37	0.00	0.39	0.79	0.42
■ Adults	0.52	0.45	0.34	0.25	0.41	0.36	0.48	0.26	0.11
▲ Total	0.85	0.76	0.34	0.26	0.40	0.32	0.47	0.30	0.14

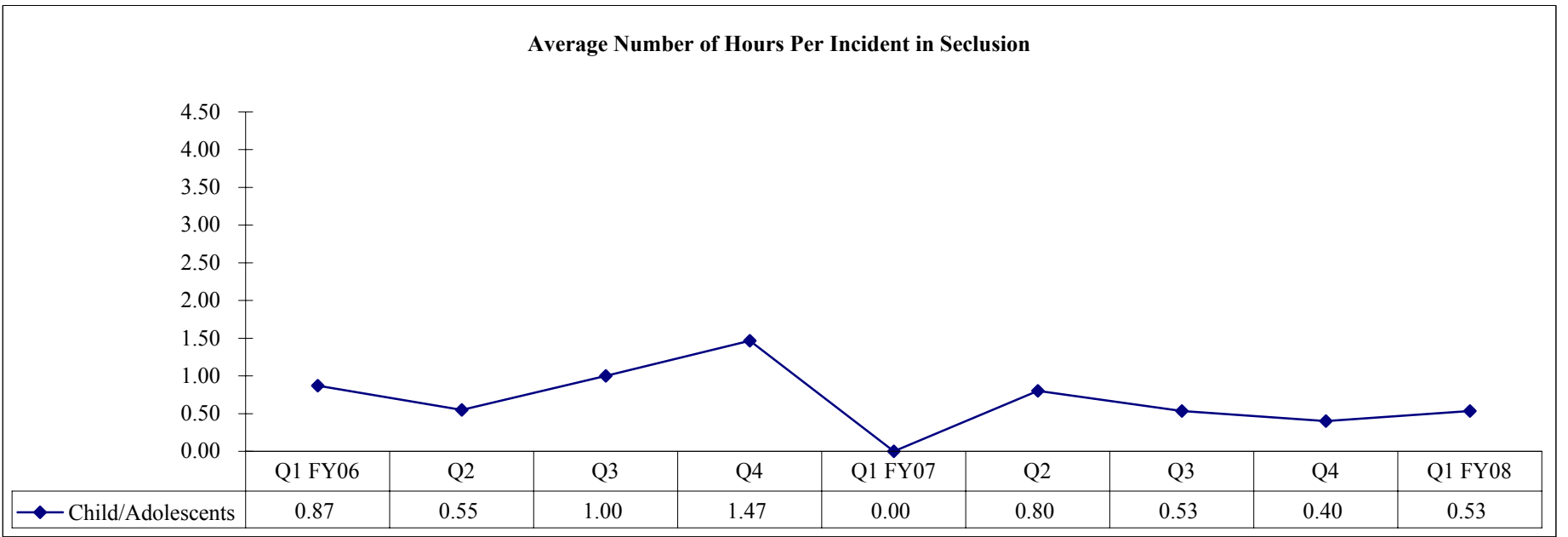
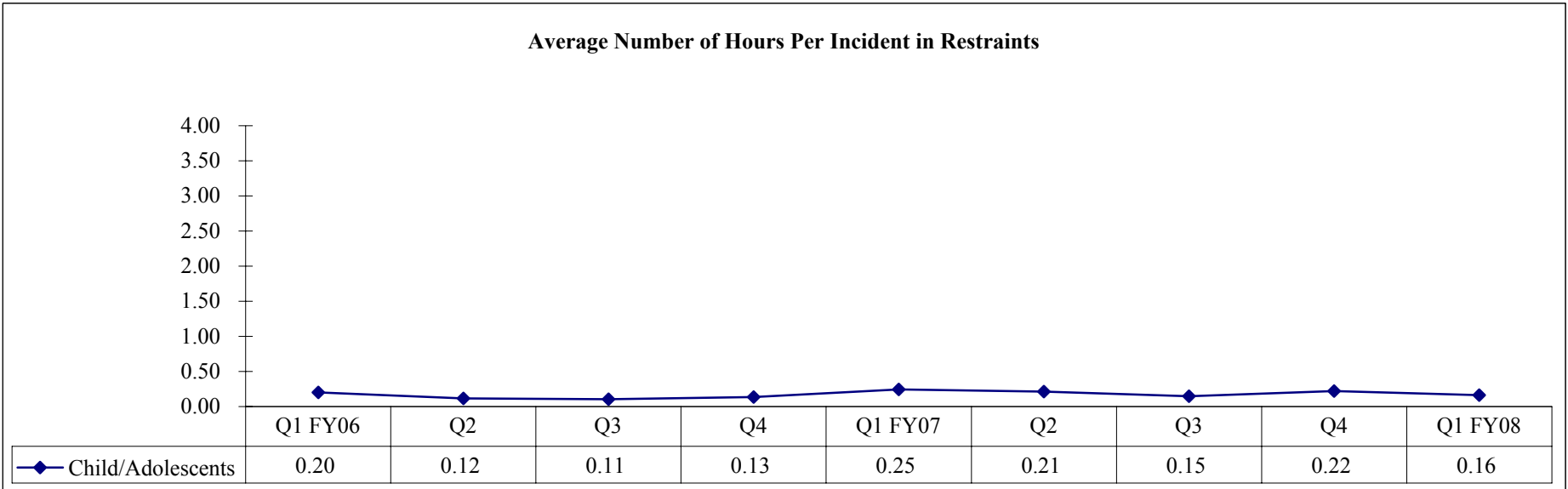
Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth



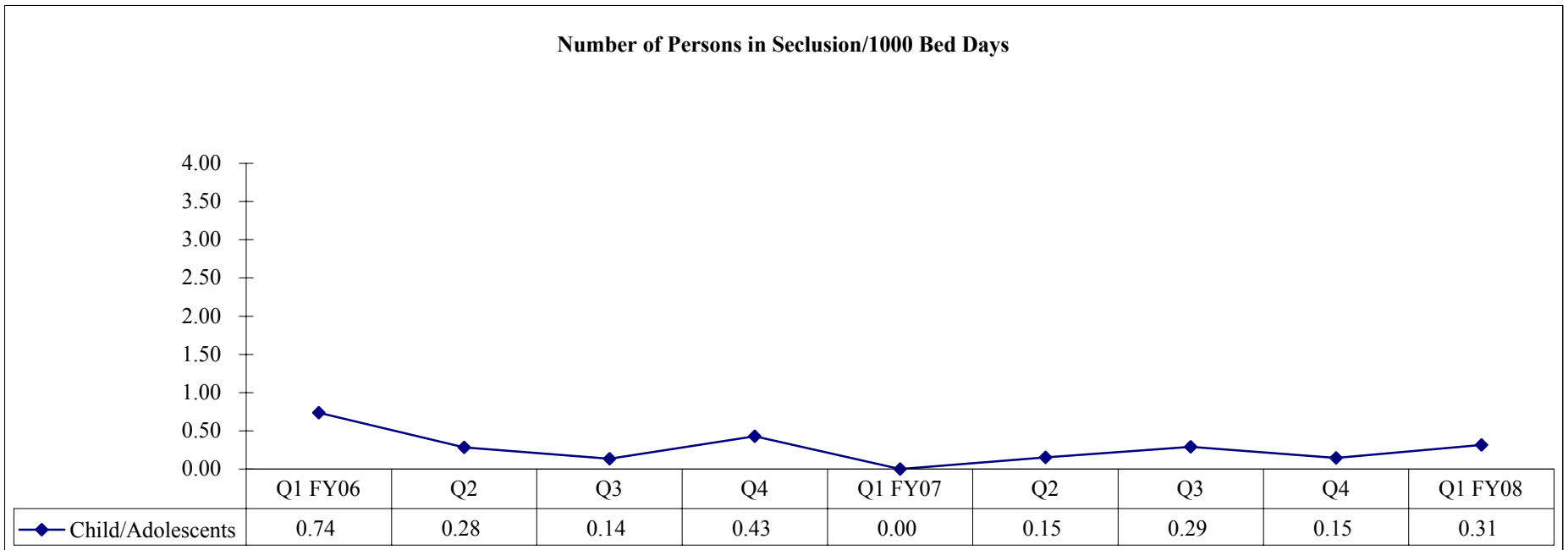
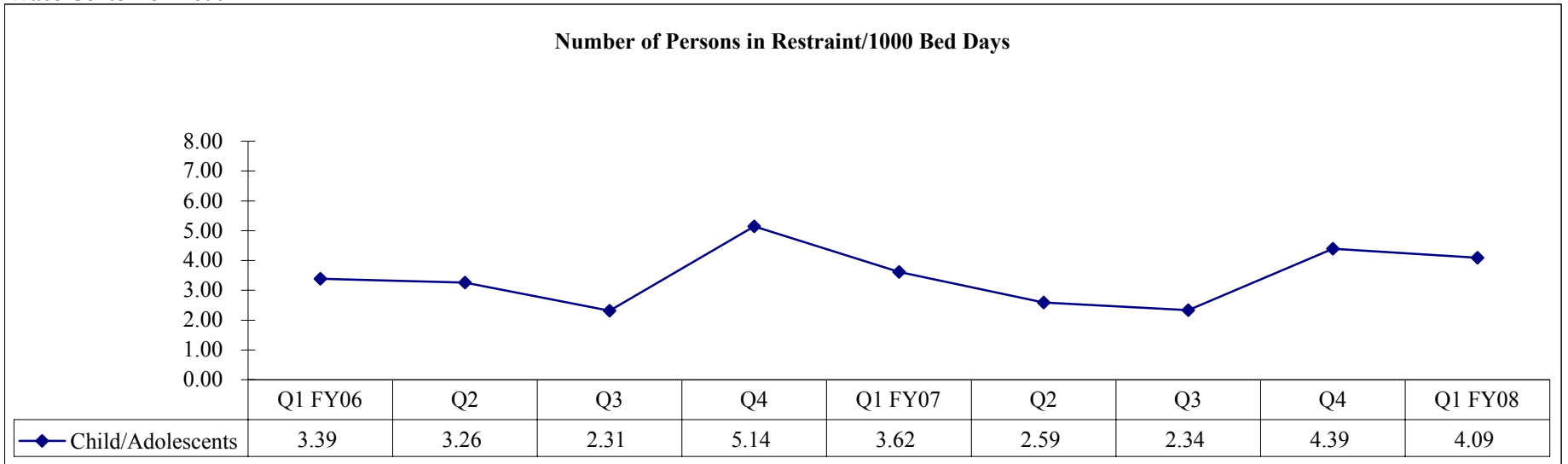
Change in reporting definition December 2006

Source: Unduplicated Client Days by Unit-Hospital/Center (HC022175/85);
 Access Database

Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth



Objective 3A - Maintain Restraint and Seclusion Data
Waco Center for Youth



Performance Objective 3B:

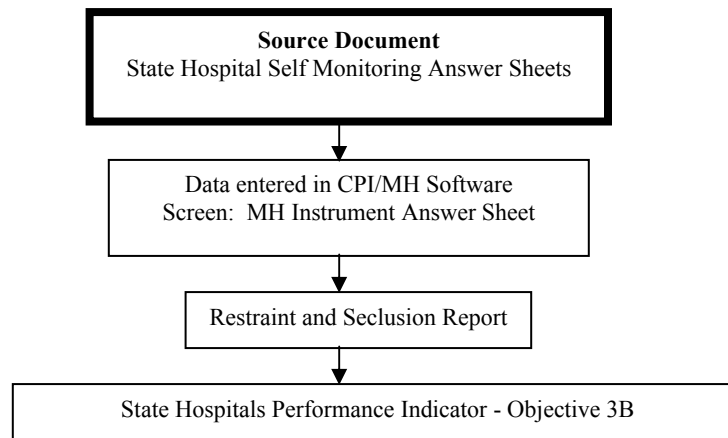
The Behavioral Restraint and Seclusion Monitoring Instrument will be utilized to assure the correct documentation of implementation of restraint and seclusion when these procedures are clinically indicated.

Performance Objective Operational Definition: Score from the CPI Restraint and Seclusion Monitoring instrument.

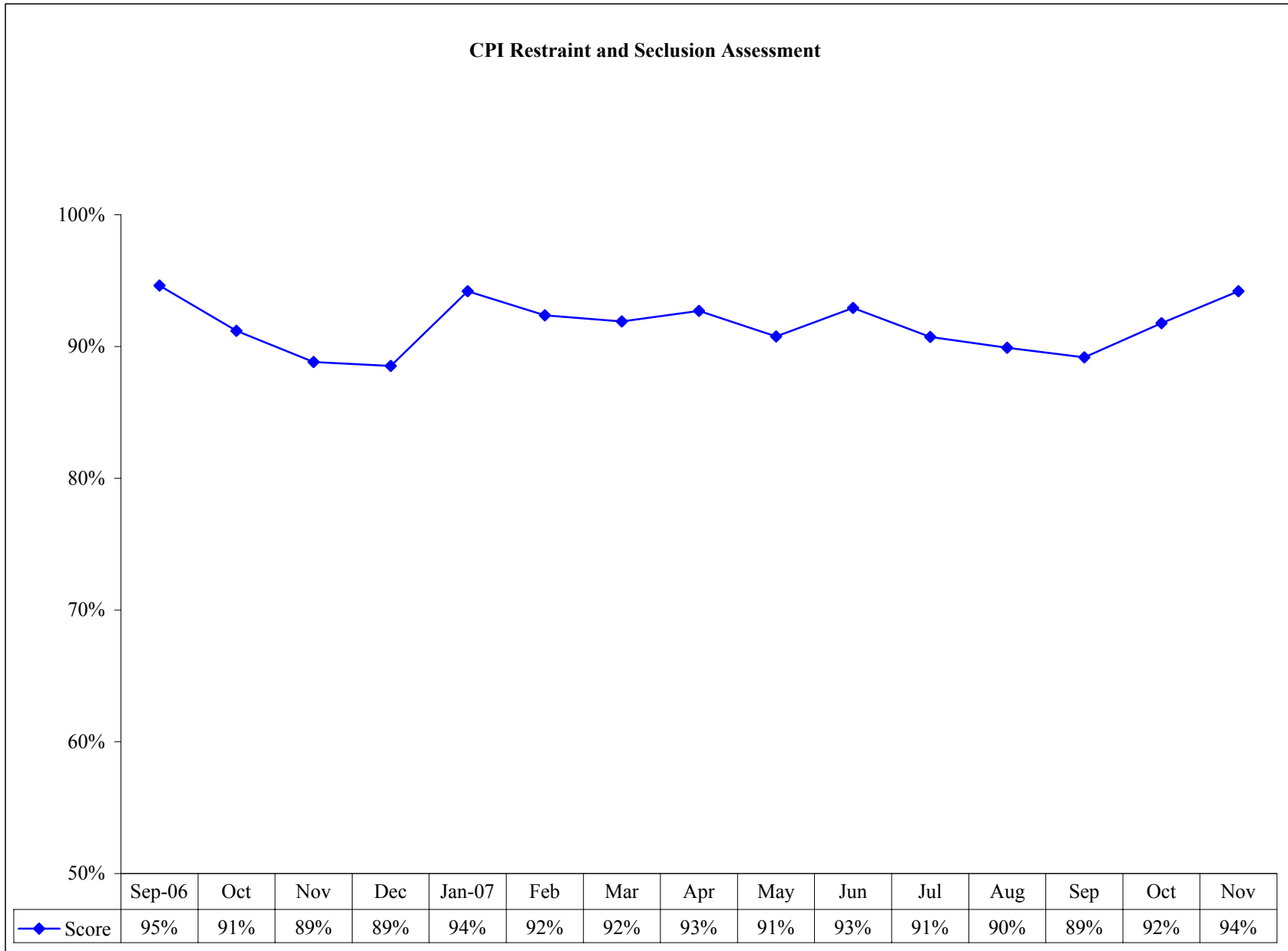
Performance Objective Formula: According to the CPI Restraint and Seclusion Monitoring instrument $[(\text{yes} + \text{no with})/(\text{yes} + \text{no with} + \text{no}) \times 100]$.

Performance Objective Data Display and Chart Description:
Chart with monthly data points of state hospital scores.

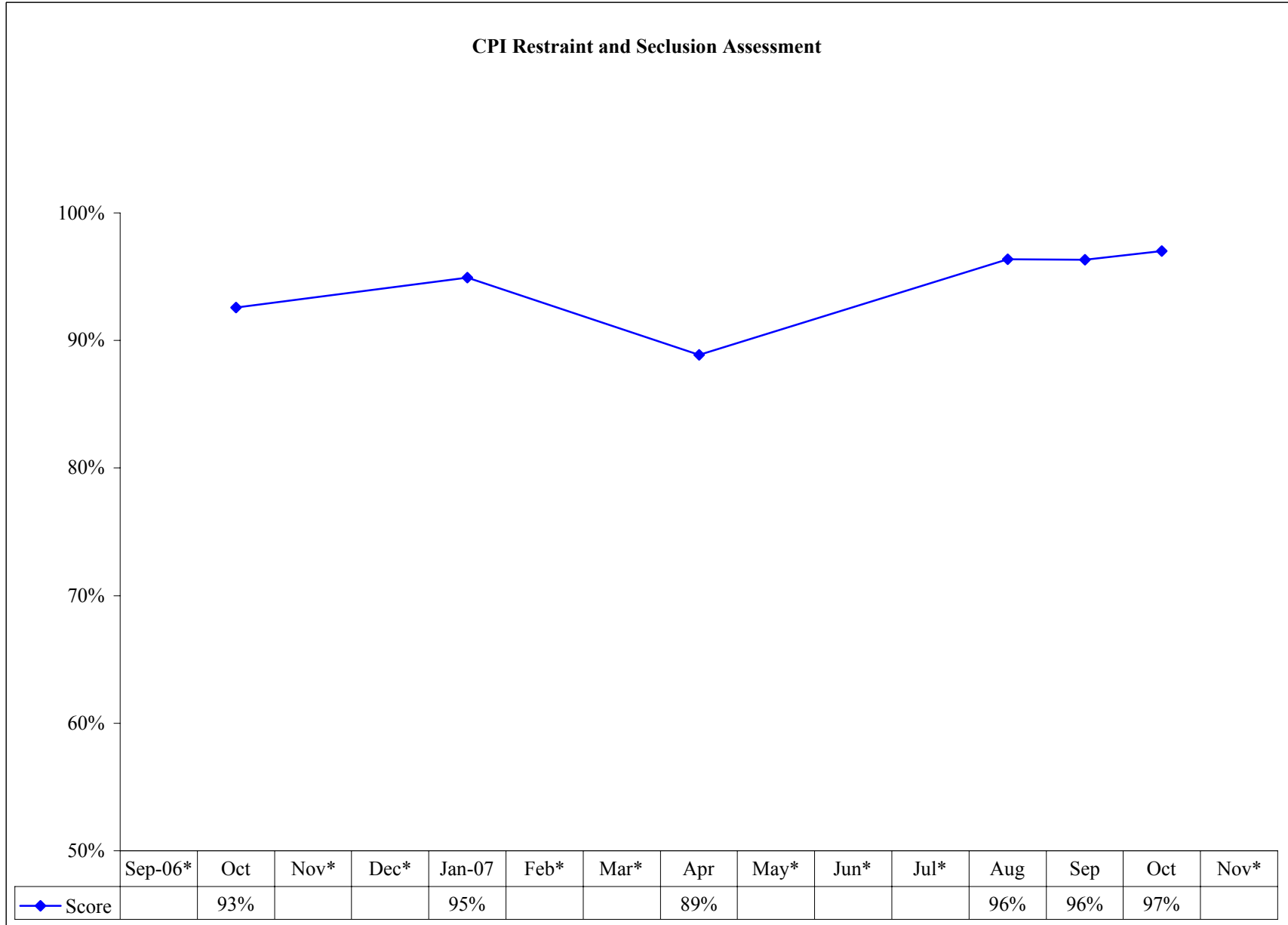
Data Flow:



Objective 3B - Behavioral Restraint and Seclusion Assessment
All State Hospitals

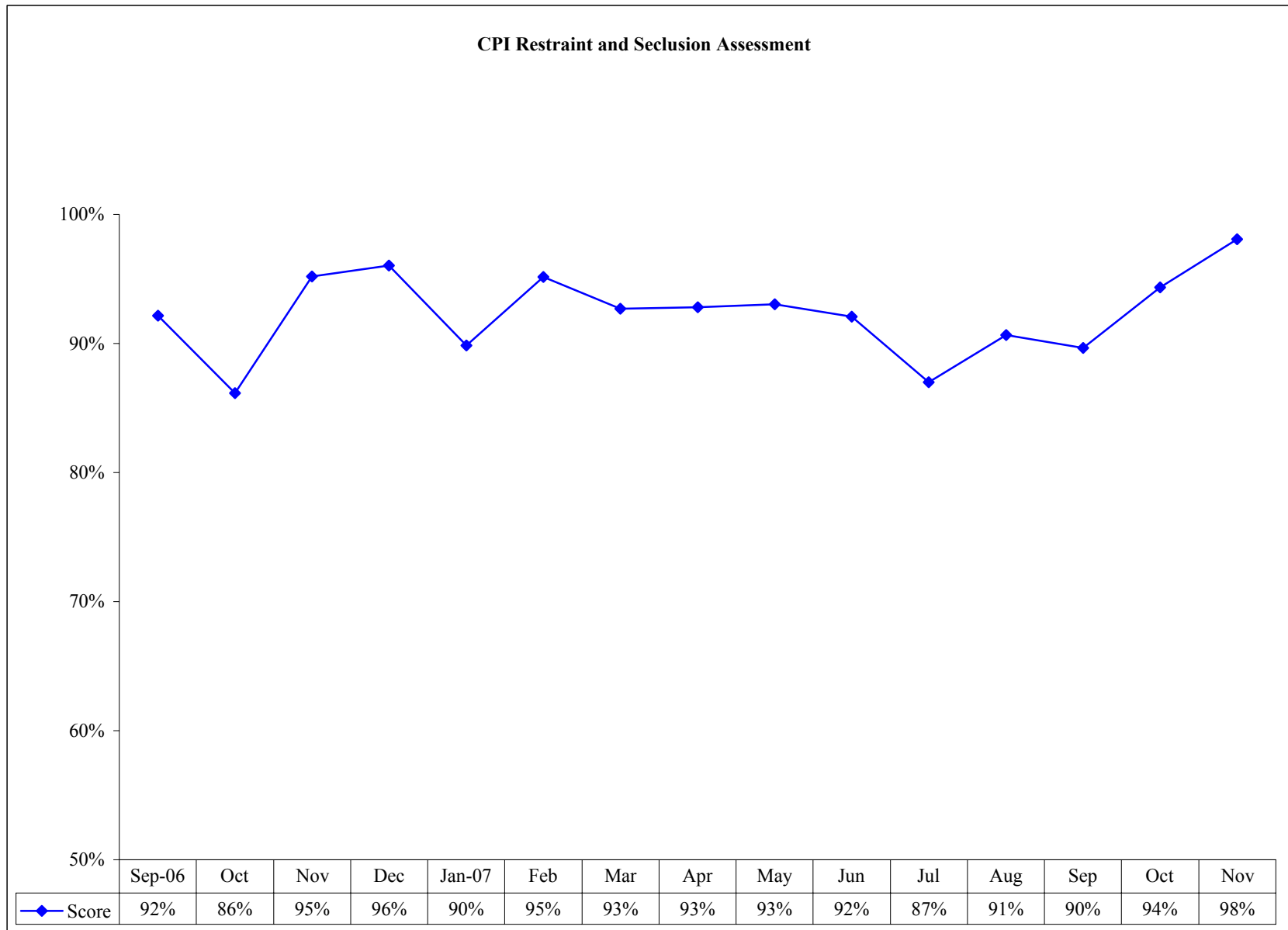


Objective 3B - Behavioral Restraint and Seclusion Assessment
Austin State Hospital

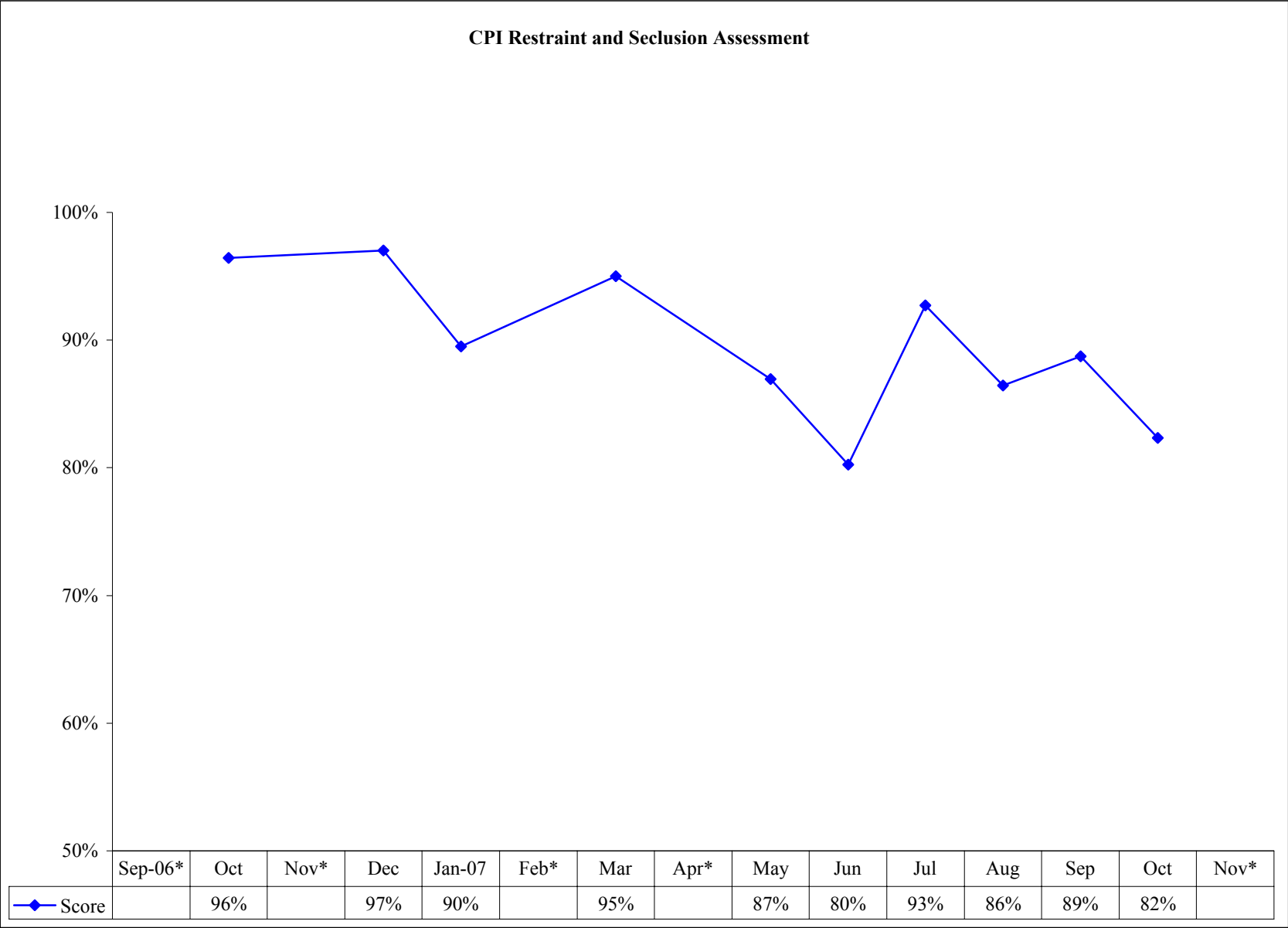


*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Big Spring State Hospital

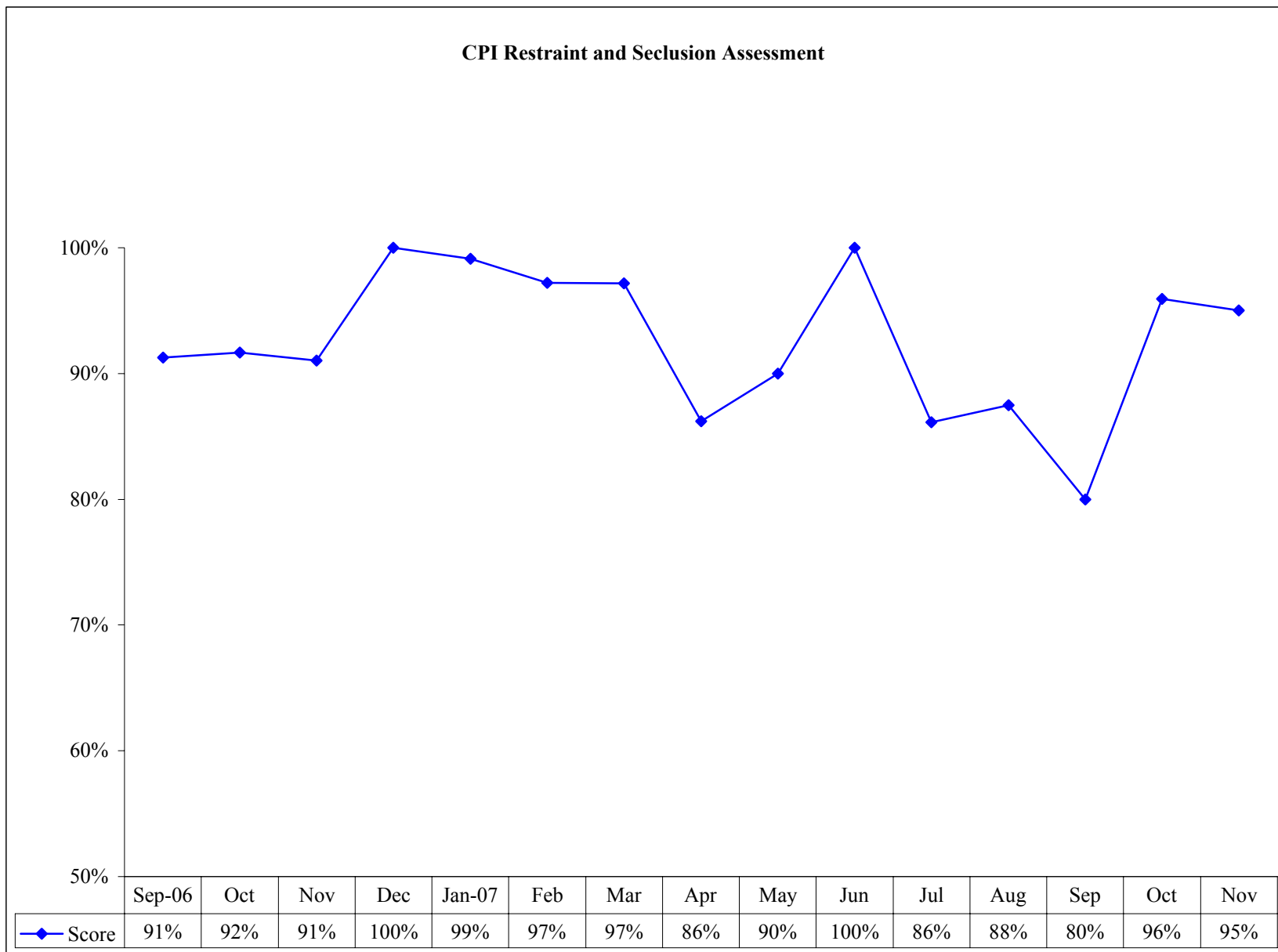


Objective 3B - Behavioral Restraint and Seclusion Assessment
El Paso Psychiatric Center



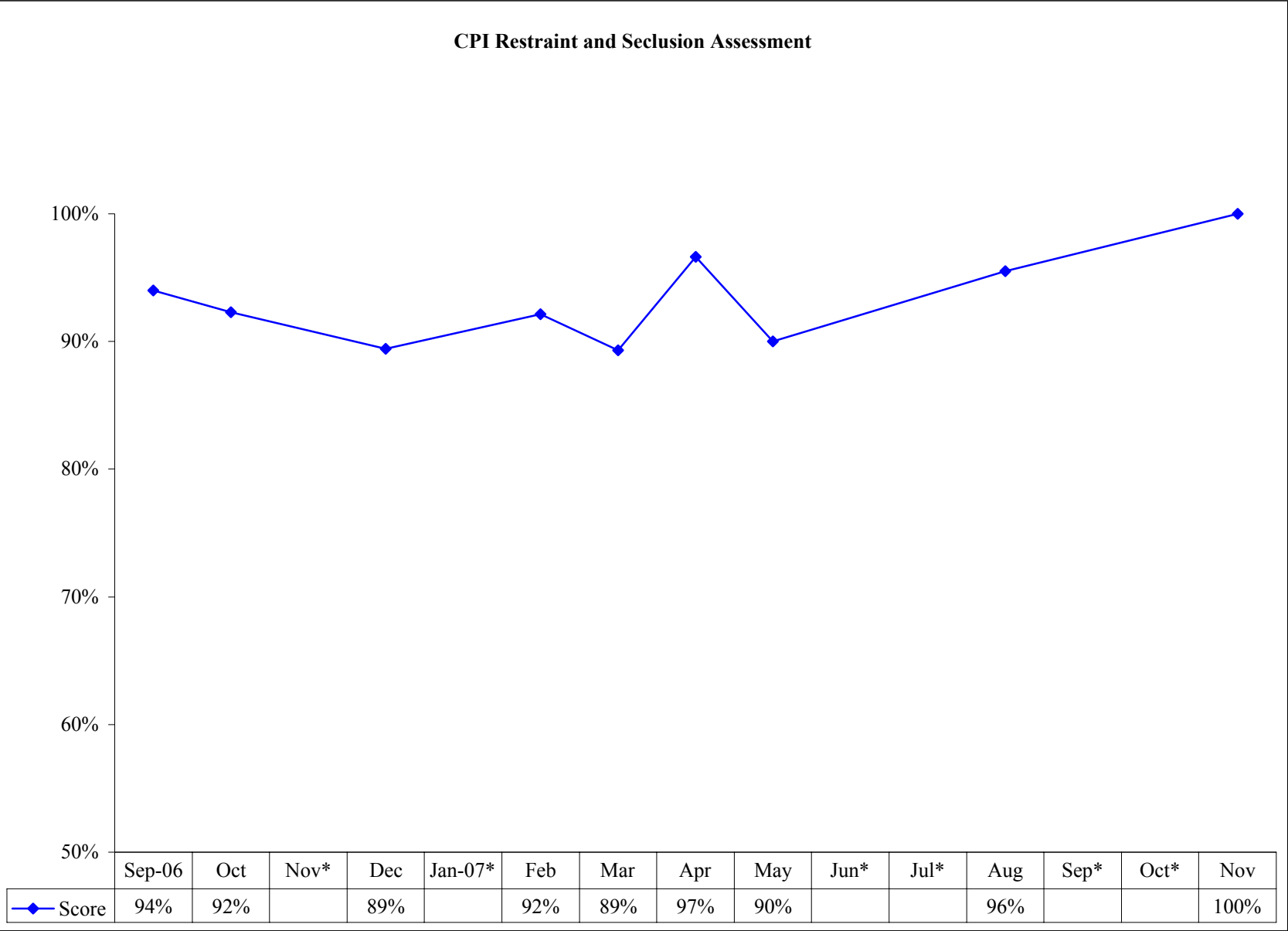
*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Kerrville State Hospital



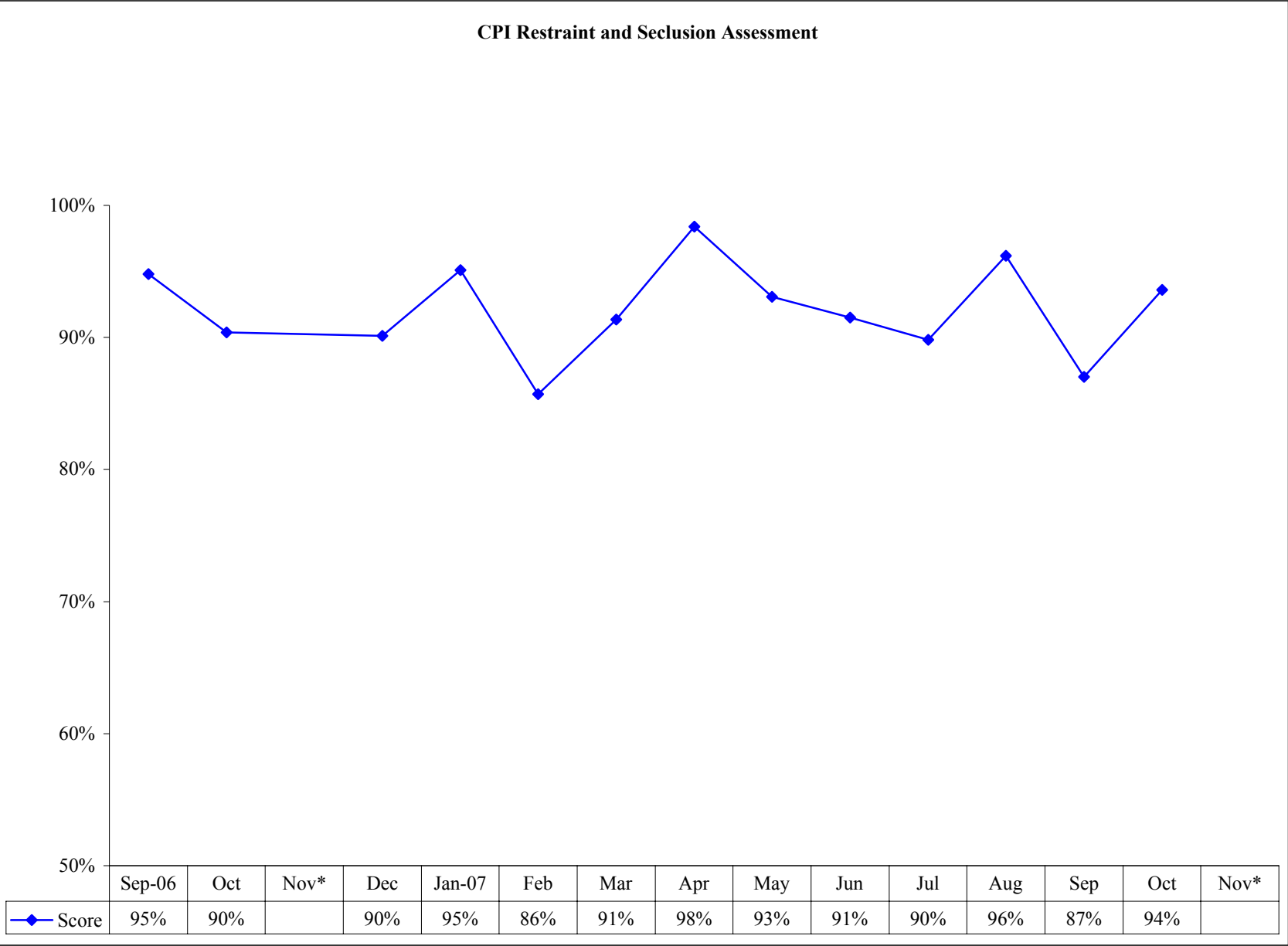
*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
North Texas State Hospital



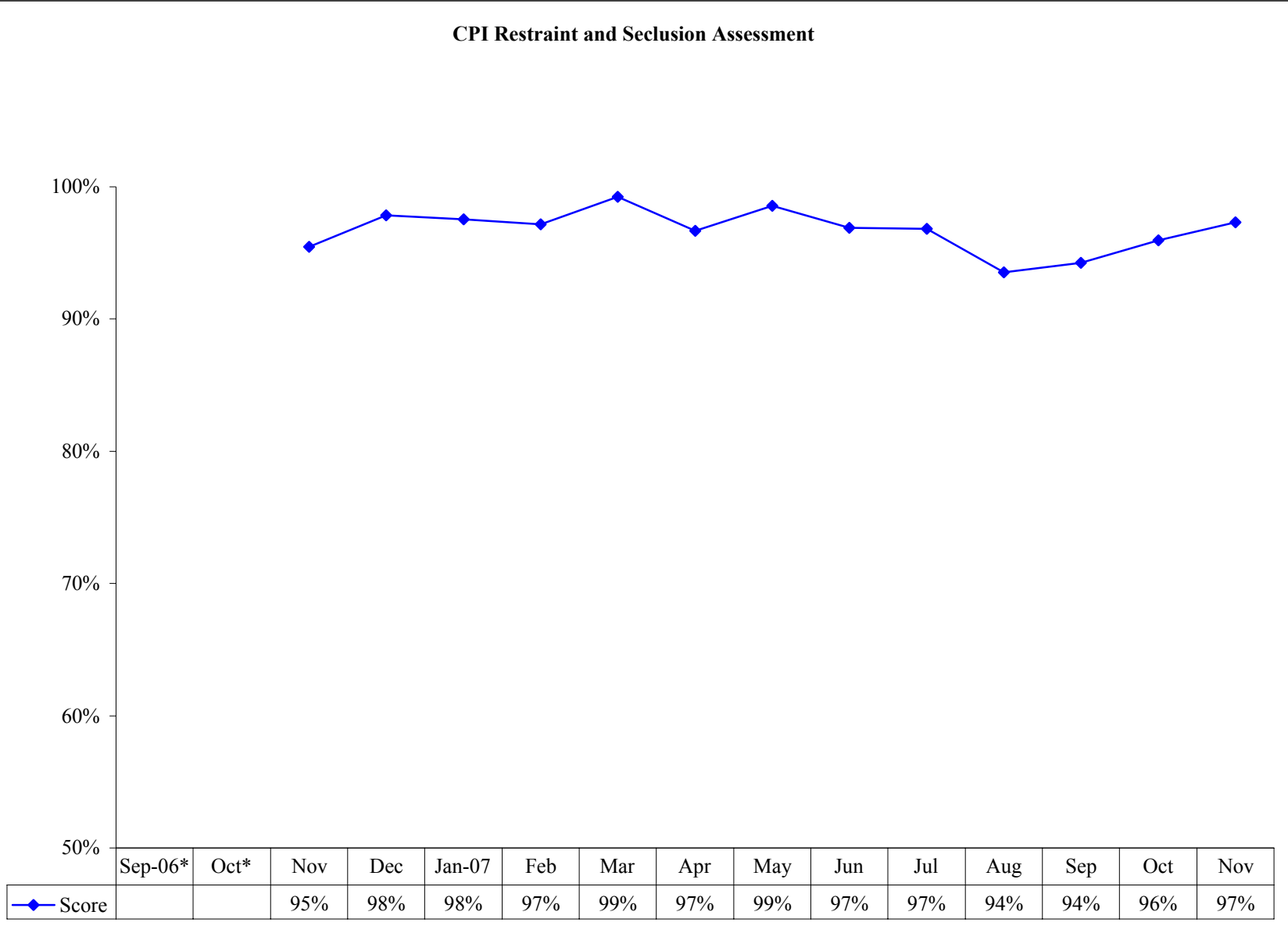
*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Rio Grande State Center



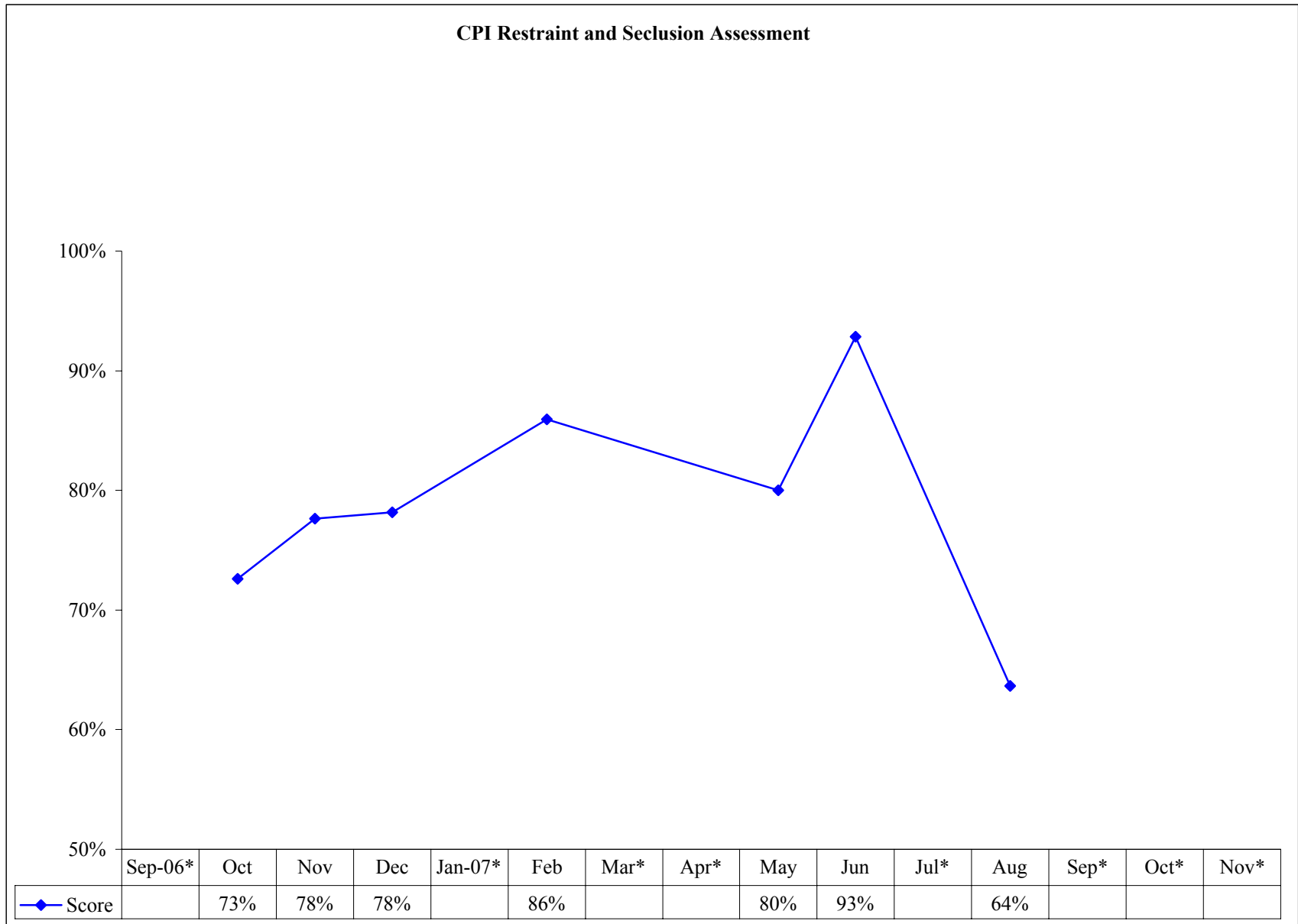
*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Rusk State Hospital

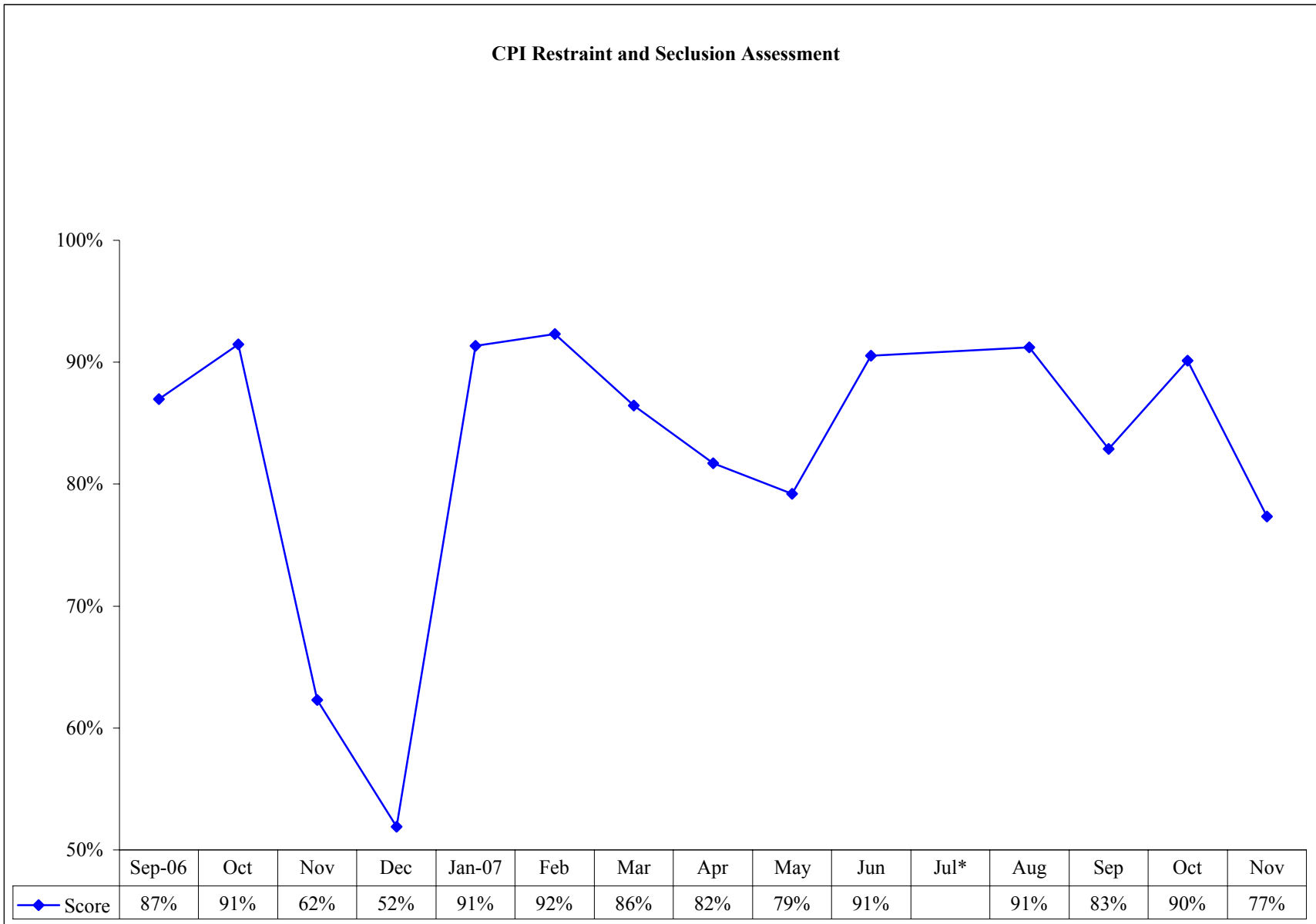


*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
San Antonio State Hospital

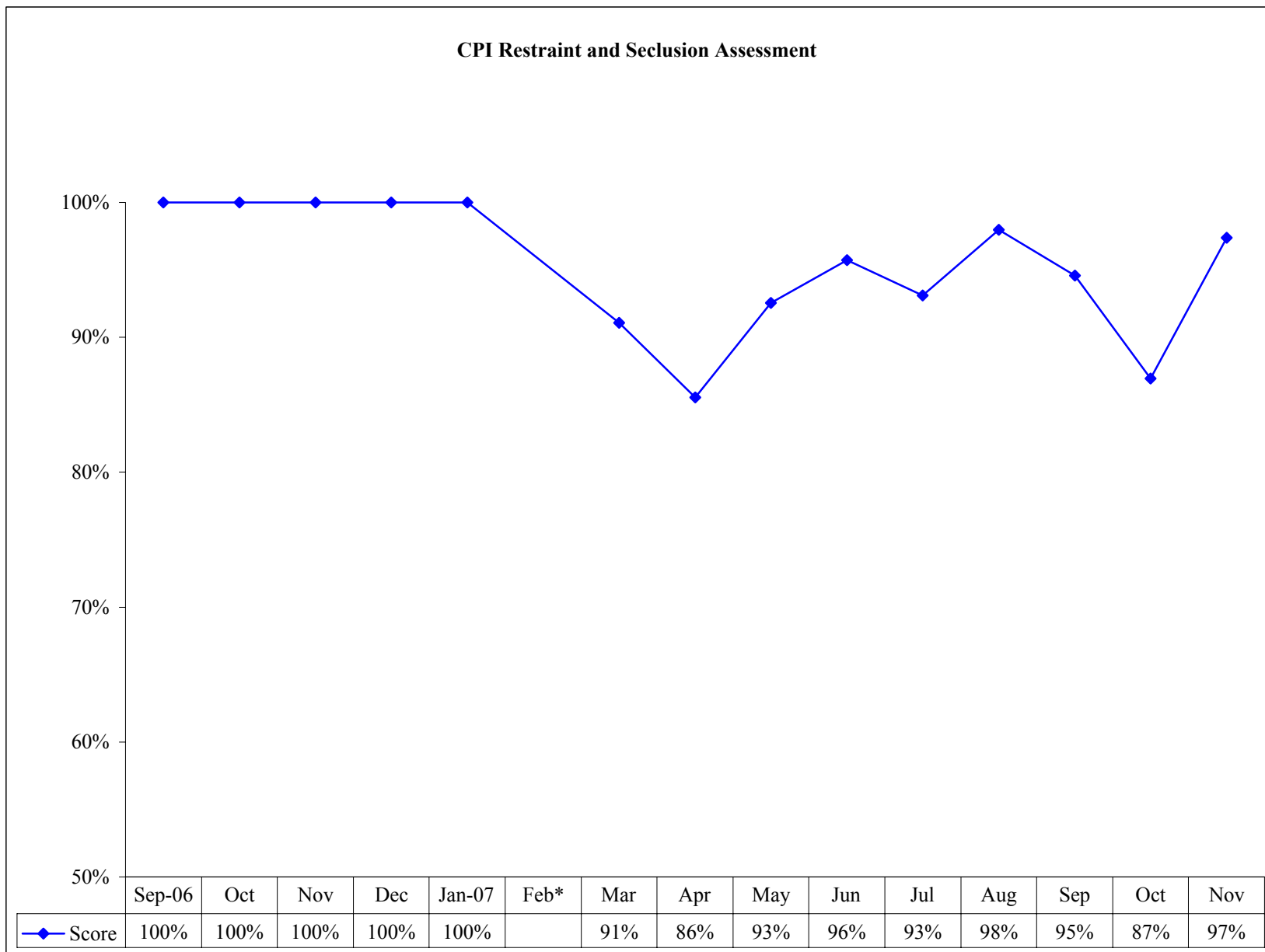


Objective 3B - Behavioral Restraint and Seclusion Assessment
Terrell State Hospital



*No scores reported to HMDS.

Objective 3B - Behavioral Restraint and Seclusion Assessment
Waco Center for Youth



*No scores reported to HMDS.

Performance Objective 3E:

Patients will be treated in accordance with TIMA guidelines as measured by:

1. Assignment of the appropriate algorithm as measured by matching diagnosis to algorithm at the time of discharge.
2. Use of TIMA rating scales as measured by percent of patients with scores from 2 or more different dates.

Performance Objective Operational Definition: Total of patients with episodes that are tracked by the Texas Implementation of Medication Algorithm (TIMA). The last diagnosis entered into CWS is the diagnosis that will be compared to the TIMA algorithm/stage documented on the Physicians Discharge Order/Note. The CRS report from which this data is derived counts all discharged adult patients (18 or over) with a principal diagnosis of 295.xx, 296.0x, 296.1x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7x, 296.8x, 300.4x (x being any number) and calculates the percentage of discharged adult patients that have legitimate TIMA information recorded on the latest finalized Physicians Discharge Order of the CWSS DSS. (NONE, N/A and OTHER are not considered valid algorithms).

Performance Objective Formula: $R = (N/D)$

R = rate of patients that are tracked by TIMA

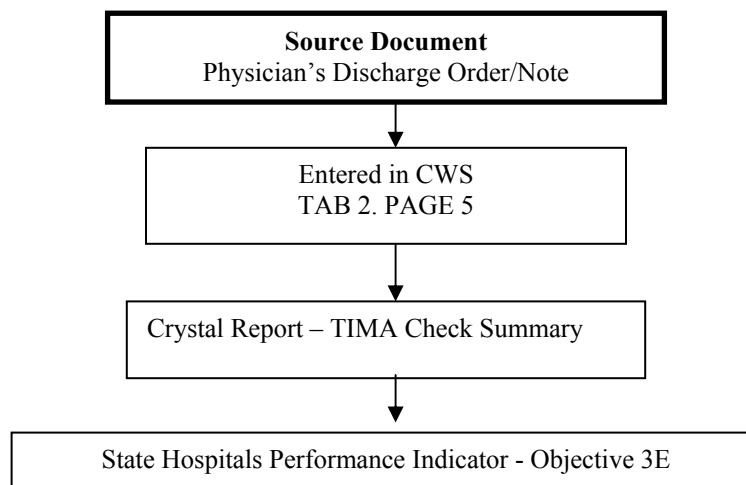
N = patients with episodes that are tracked by TIMA

D = patients with episodes that should be tracked by TIMA

Performance Objective Data Display and Chart Description:

- ◆ Table shows the percent of patients with episodes that are tracked by TIMA for individual state hospitals.
- ◆ Chart with monthly data points of percent of patients with episodes that are tracked by TIMA, number of patients with episodes that should be tracked and number of patients with episodes that are tracked for individual state hospitals and system-wide.

Data Flow:



Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
All State Hospitals

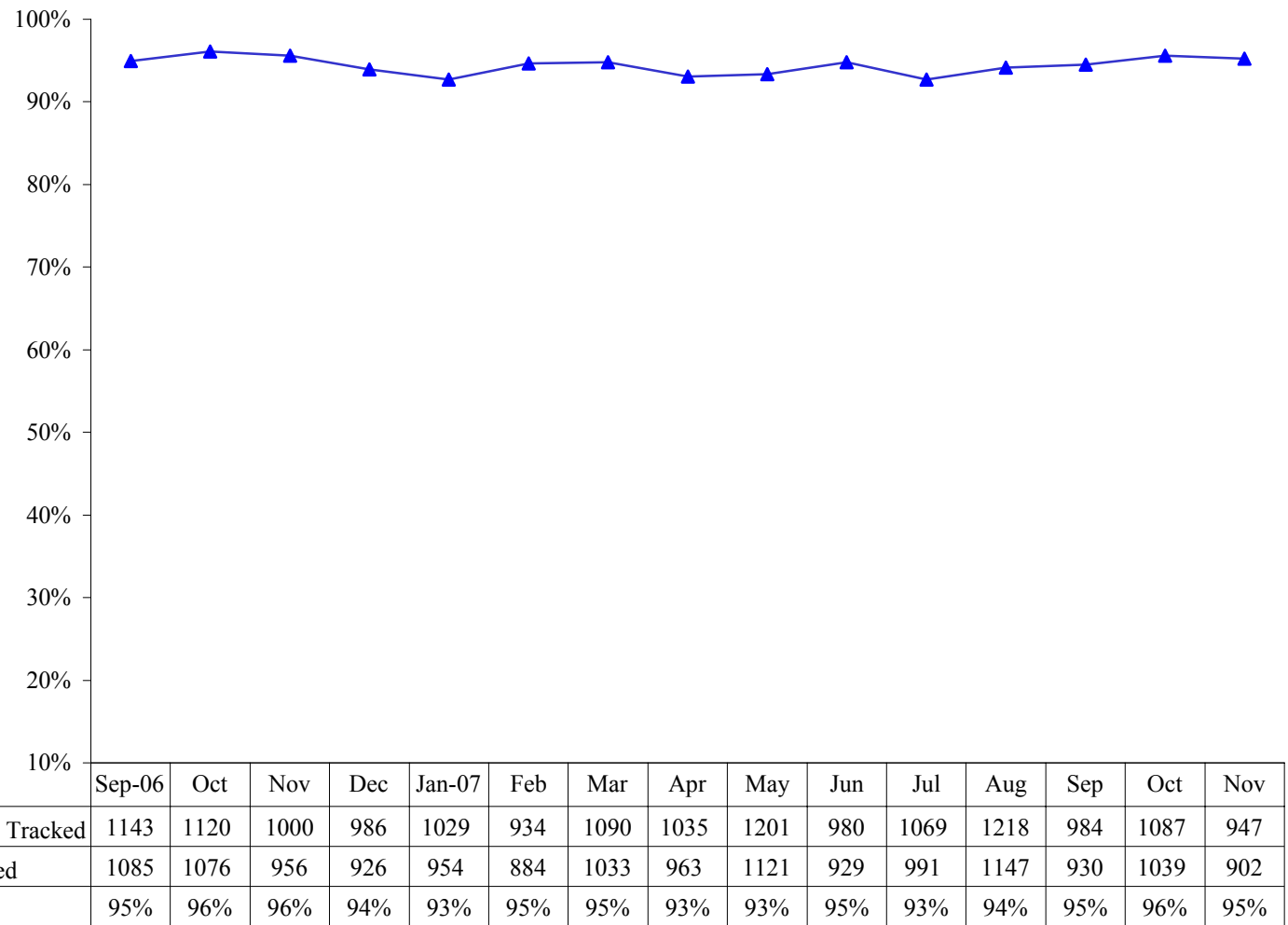
Percent of Patients with Episodes that are Tracked by TIMA

Facility	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ASH	93%	94%	96%	94%	95%	95%	96%	94%	96%	96%	91%	95%	93%	95%	97%
BSSH	94%	95%	94%	77%	93%	93%	80%	88%	84%	89%	82%	94%	98%	93%	88%
EPPC	93%	97%	98%	92%	95%	100%	97%	82%	94%	86%	100%	100%	98%	100%	100%
KSH	93%	100%	100%	100%	82%	100%	100%	100%	100%	100%	100%	100%	95%	100%	91%
NTSH	98%	89%	90%	97%	90%	94%	94%	90%	92%	94%	95%	90%	91%	90%	93%
RGSC	100%	96%	96%	100%	97%	100%	100%	100%	99%	99%	96%	96%	99%	98%	97%
RSH	98%	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	99%	100%	100%
SASH	94%	99%	96%	99%	98%	99%	94%	97%	94%	95%	94%	97%	97%	95%	97%
TSH	93%	97%	93%	88%	82%	84%	93%	89%	85%	91%	87%	83%	88%	93%	90%
All SH	95%	96%	96%	94%	93%	95%	95%	93%	93%	95%	93%	94%	95%	96%	95%

WCFY is exempted - There are no algorithm/scores for children at this time.

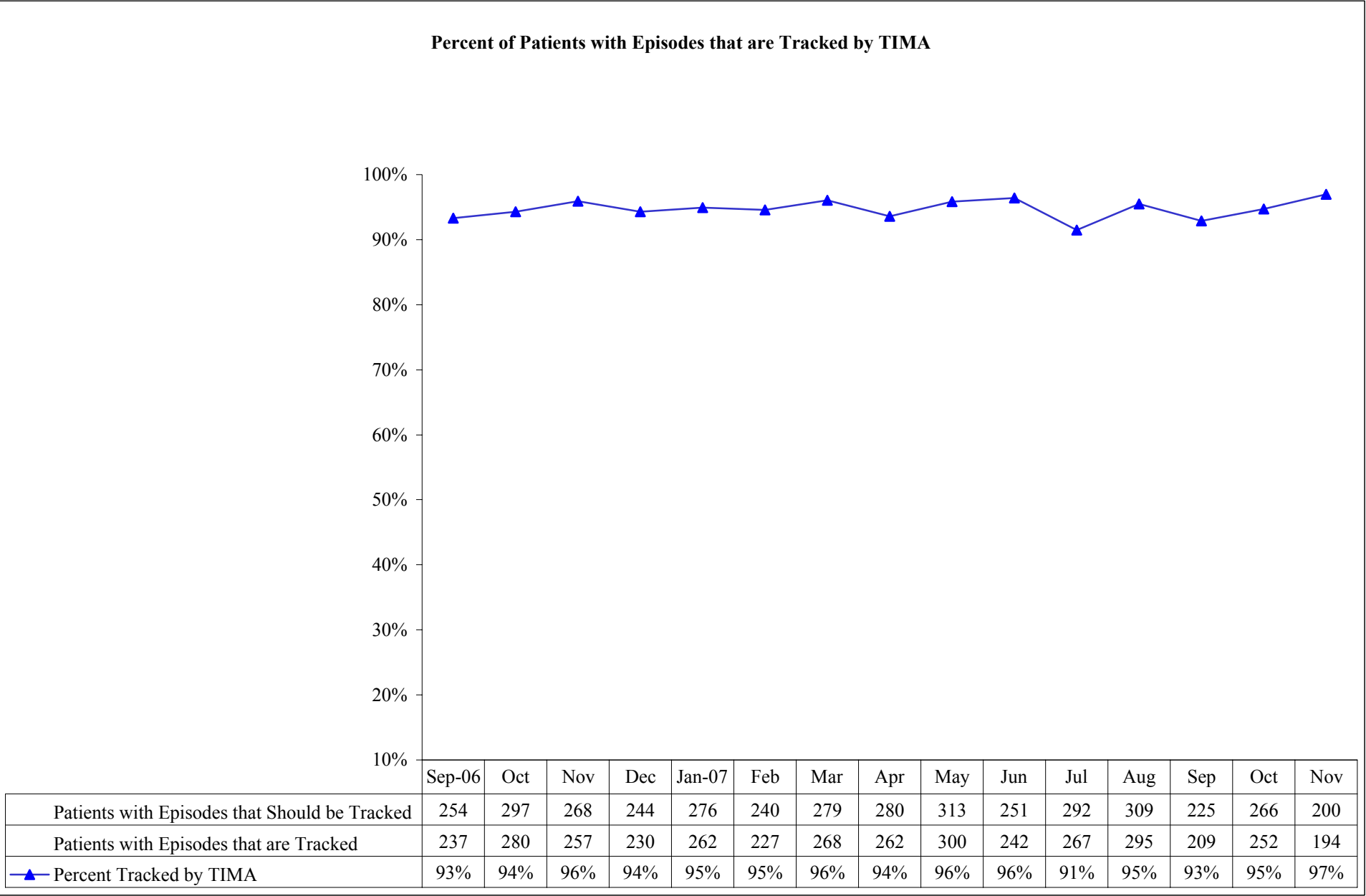
Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
All State Hospitals

Percent of Patients with Episodes that are Tracked by TIMA



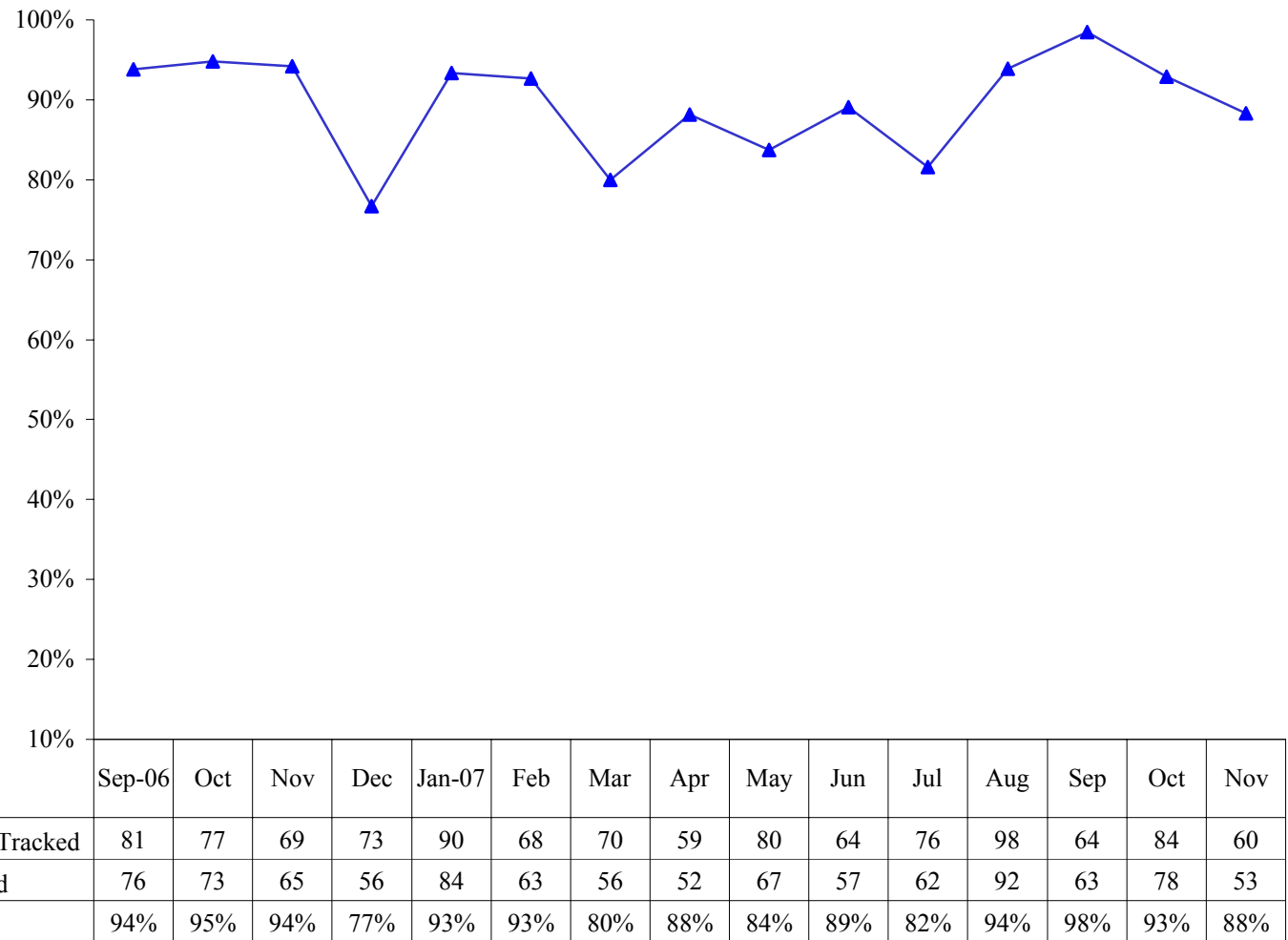
	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	1143	1120	1000	986	1029	934	1090	1035	1201	980	1069	1218	984	1087	947
Patients with Episodes that are Tracked	1085	1076	956	926	954	884	1033	963	1121	929	991	1147	930	1039	902
—▲ Percent Tracked by TIMA	95%	96%	96%	94%	93%	95%	95%	93%	93%	95%	93%	94%	95%	96%	95%

Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Austin State Hospital

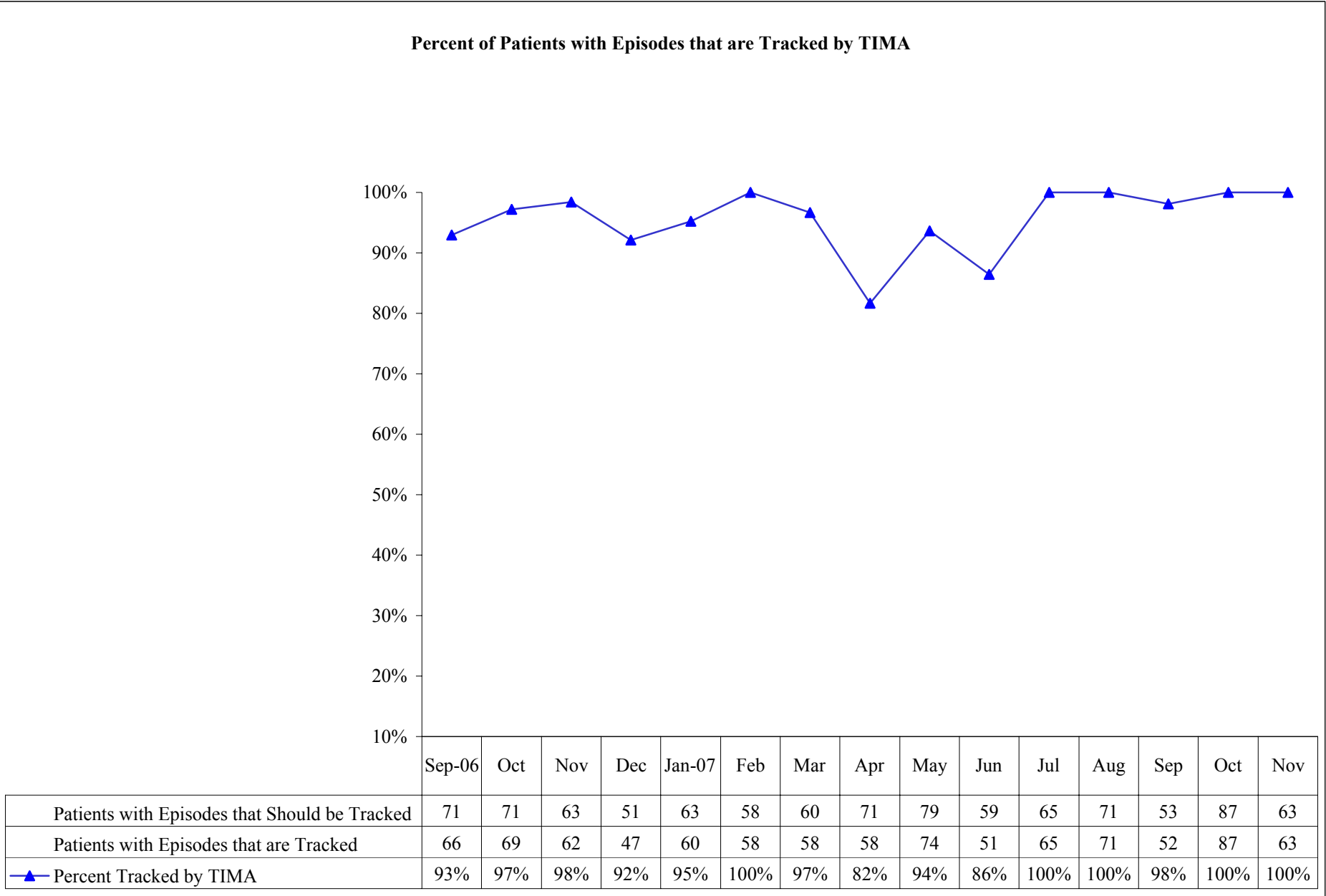


Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Big Spring State Hospital

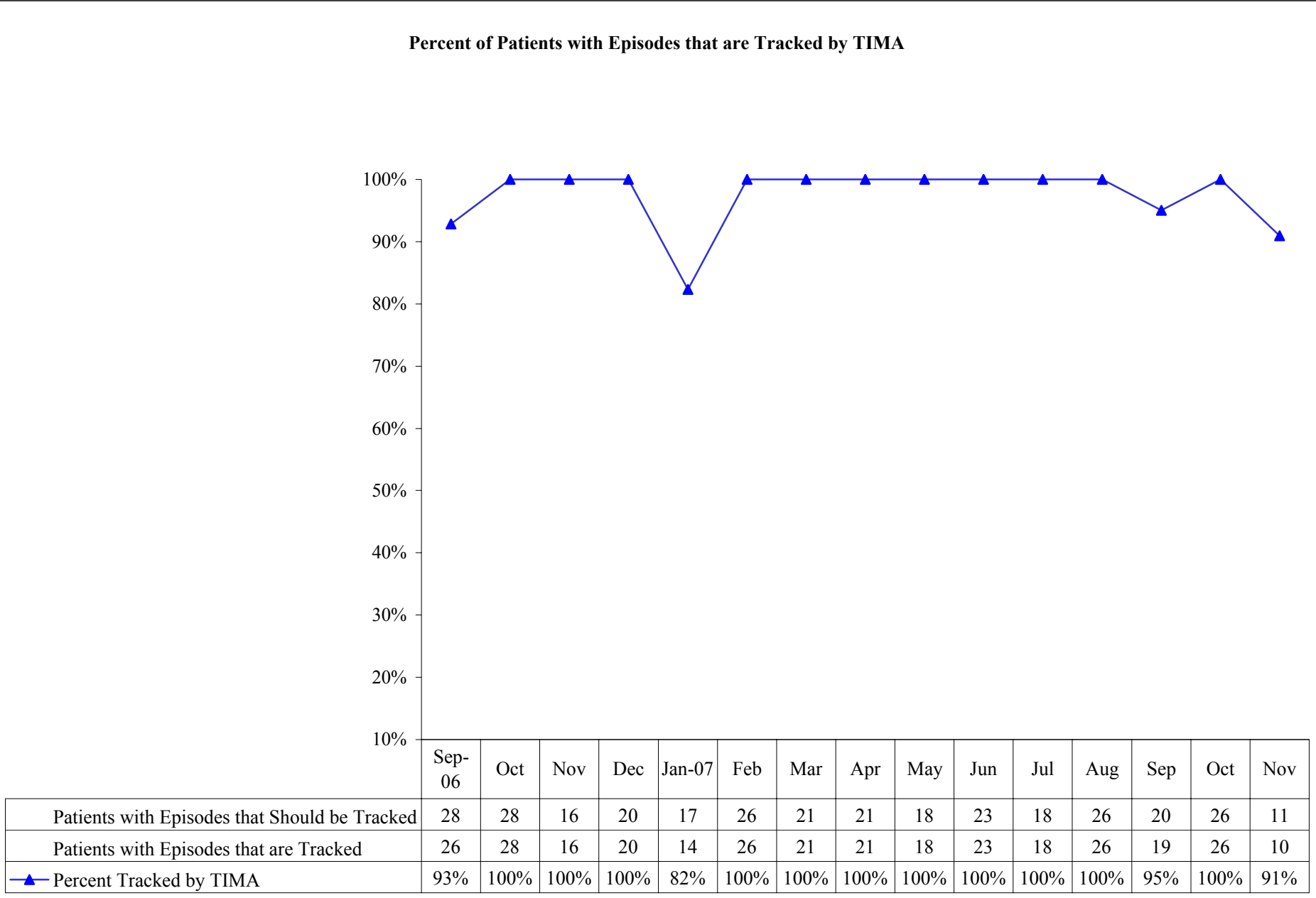
Percent of Patients with Episodes that are Tracked by TIMA



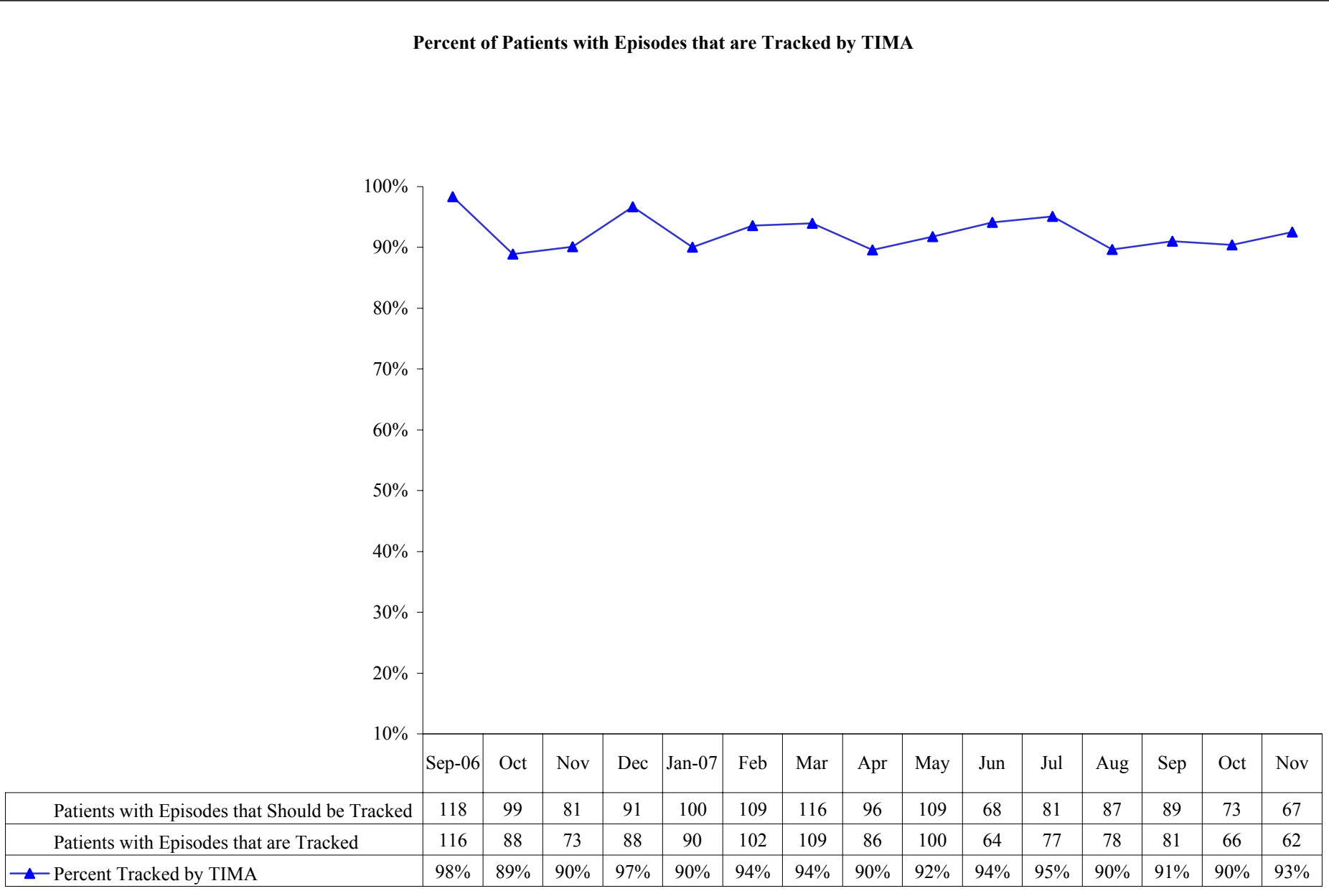
Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
El Paso Psychiatric Center



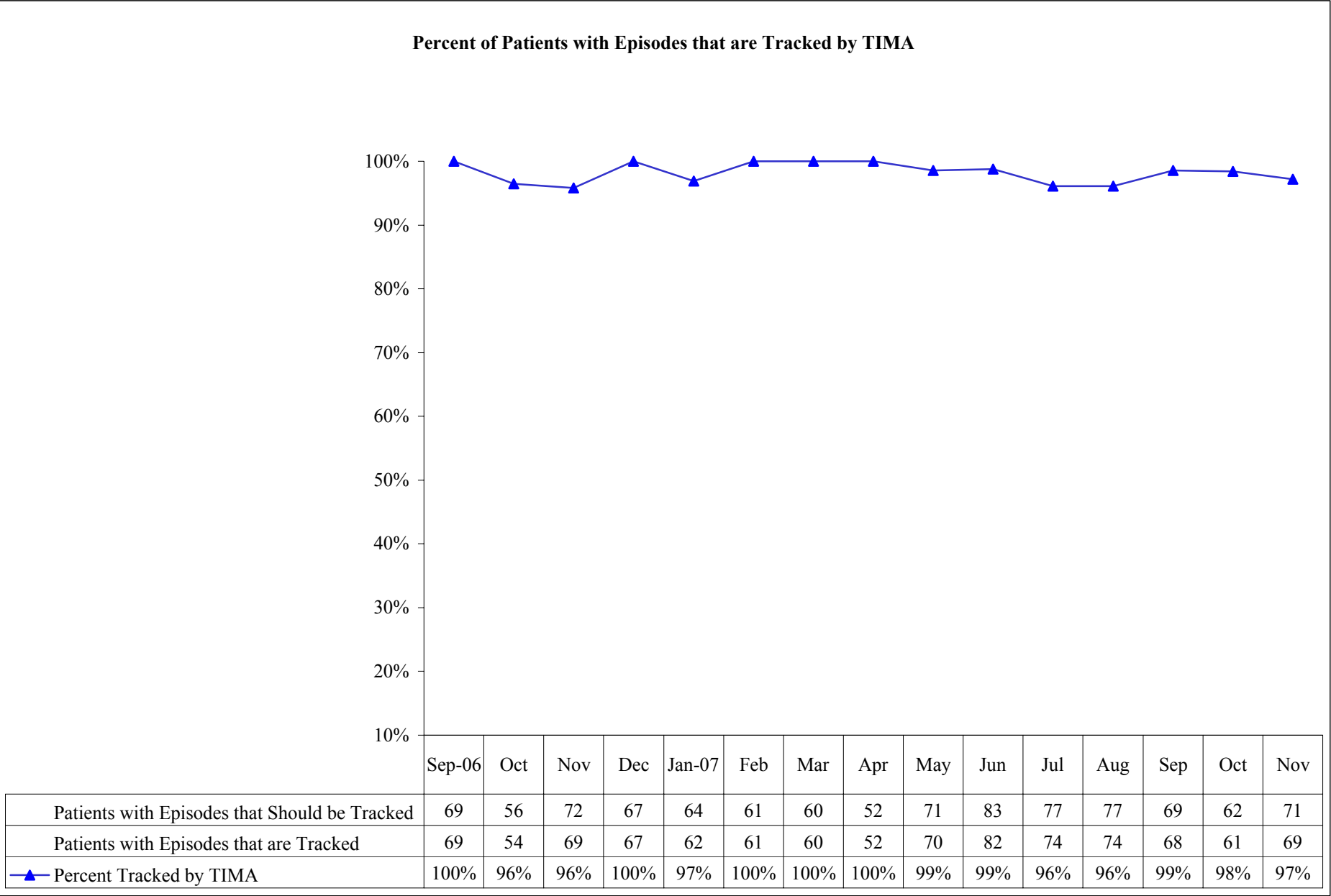
Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Kerrville State Hospital



Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
North Texas State Hospital

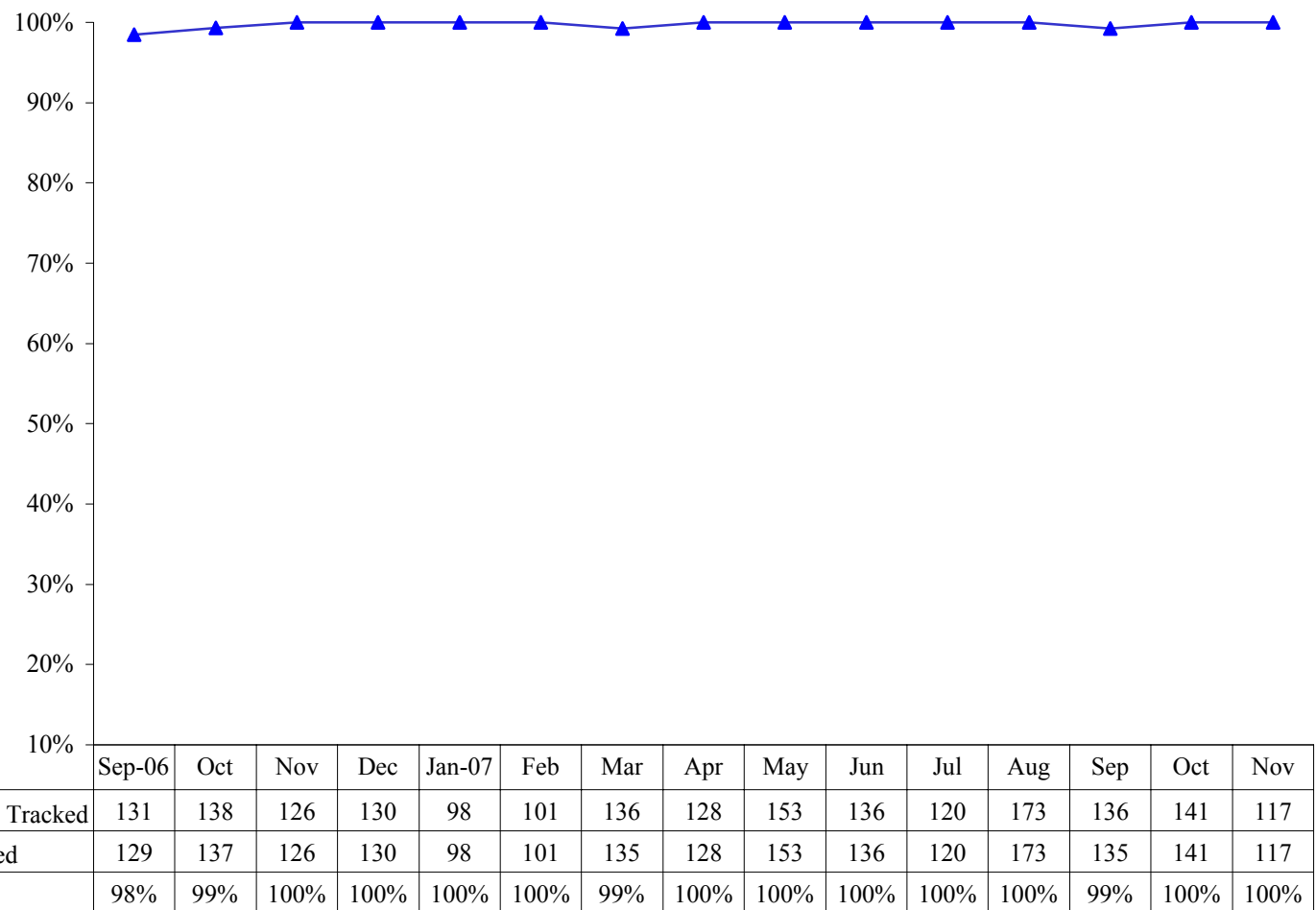


Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Rio Grande State Center



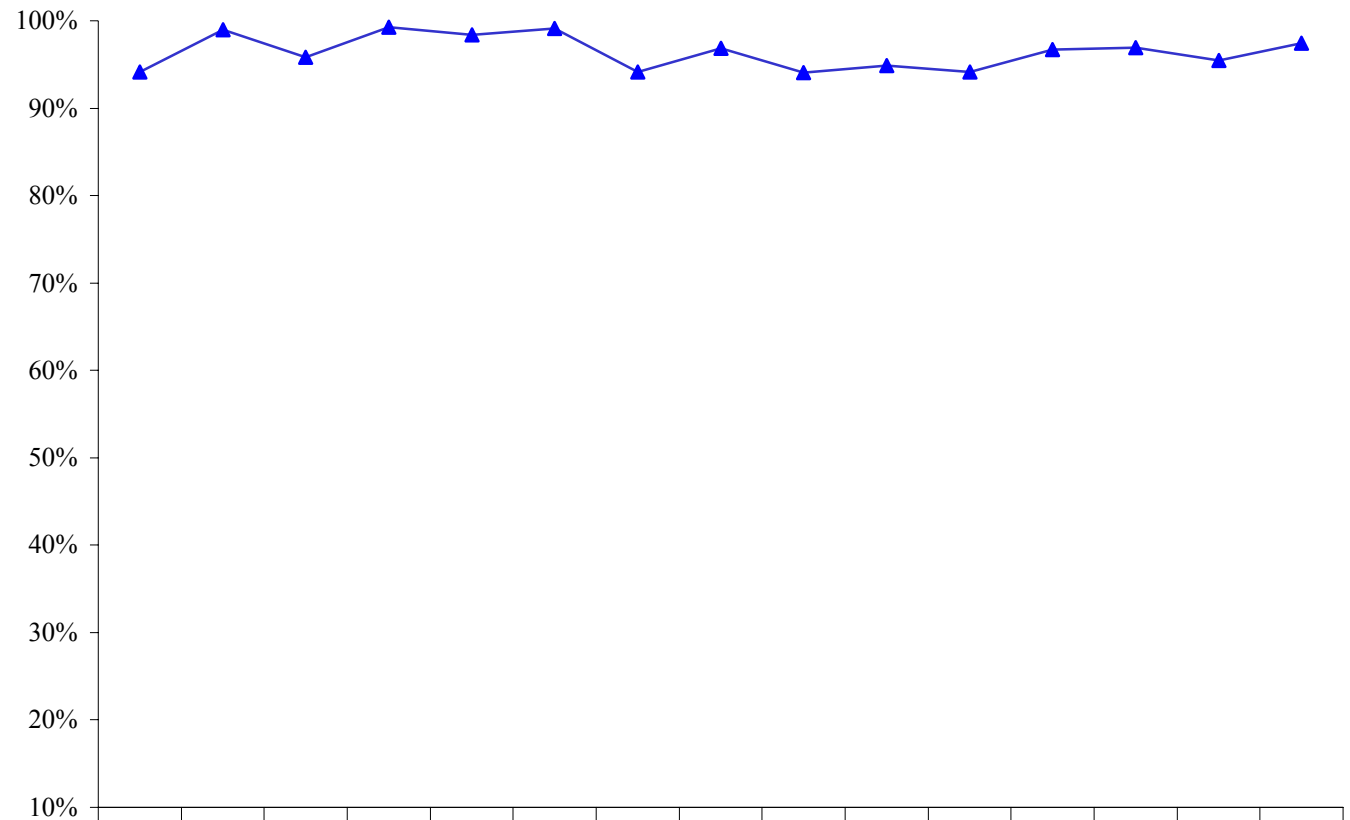
Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Rusk State Hospital

Percent of Patients with Episodes that are Tracked by TIMA



Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
San Antonio State Hospital

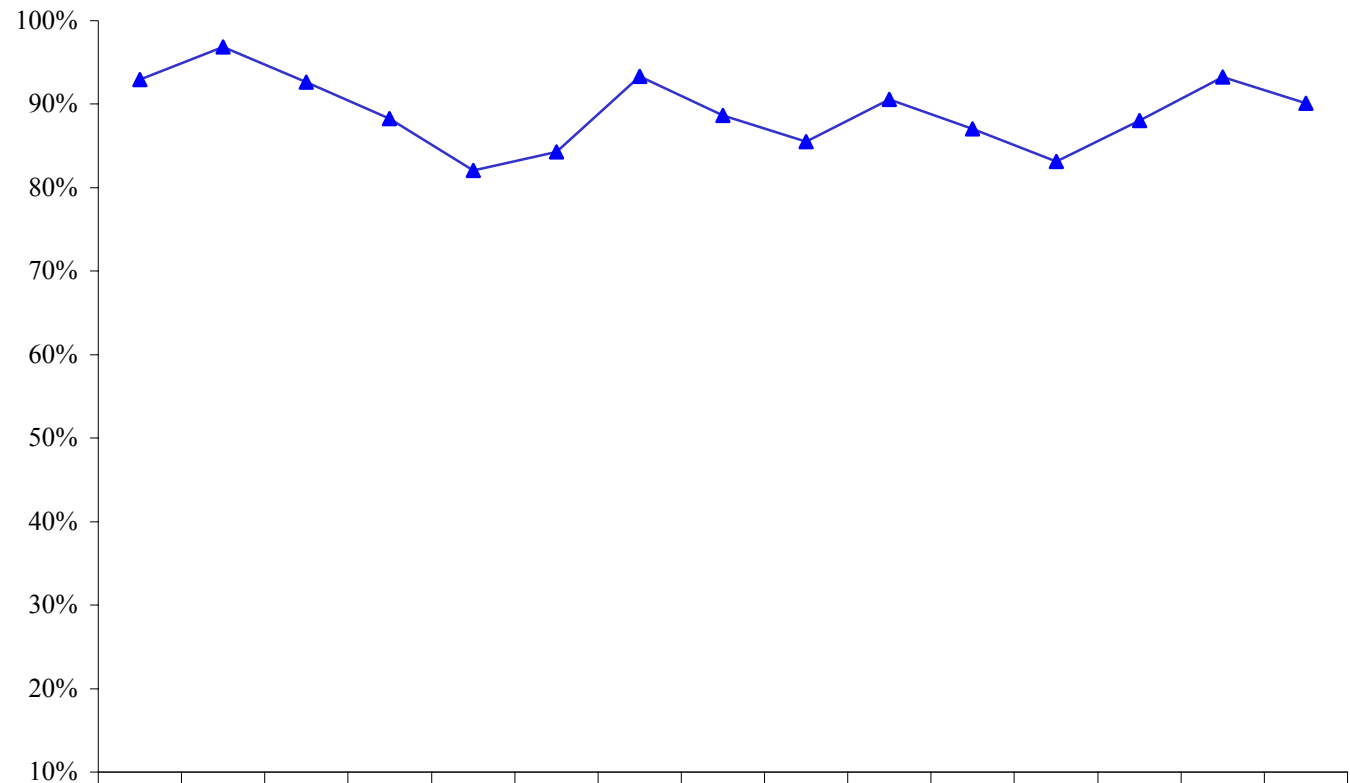
Percent of Patients with Episodes that are Tracked by TIMA



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	221	193	169	131	126	118	154	160	185	137	170	181	161	155	156
Patients with Episodes that are Tracked	208	191	162	130	124	117	145	155	174	130	160	175	156	148	152
▲ Percent Tracked by TIMA	94%	99%	96%	99%	98%	99%	94%	97%	94%	95%	94%	97%	97%	95%	97%

Objective 3E - Texas Implementation of Medication Algorithm (TIMA)
Terrell State Hospital

Percent of Patients with Episodes that are Tracked by TIMA



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Patients with Episodes that Should be Tracked	170	161	136	179	195	153	194	168	193	159	170	196	167	193	202
Patients with Episodes that are Tracked	158	156	126	158	160	129	181	149	165	144	148	163	147	180	182
▲ Percent Tracked by TIMA	93%	97%	93%	88%	82%	84%	93%	89%	85%	91%	87%	83%	88%	93%	90%

Performance Measure 3A:

GAF: Improvement in patient treatment outcomes in state mental health hospital will be measured by showing:

1. The percent of patients receiving inpatient services whose GAF score increased.
2. The percent of patients receiving inpatient services whose GAF score stabilized.

Performance Measure Operational Definition: Total of persons with Global Assessment of Functioning Scale (GAF) score increased and stabilized. The GAF is a clinician-related scale that indicates a client's general level of functioning during a specific time period. A single score incorporates psychological, social and occupational functioning. Do not include impairment in functioning due to physical (or environmental) limitations. Possible scores can range from 1 (hypothetically the most severe mental illness and lowest level of functioning) to 100 (hypothetically the highest level of functioning, with no symptoms). GAF data is collected during the patient's diagnostic examination at admission and again during the discharge evaluation.

Performance Measure Formula: $R = (N/D)$

R = rate of persons discharged whose GAF stabilized/increased by 10 or more points.

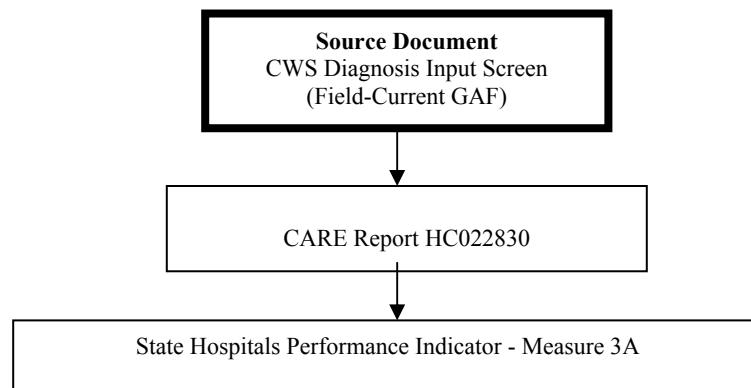
N = discharged patients with a difference of > 10 points between initial and discharge GAF scores.

D = number of discharges per month. (Persons who were discharged from the state hospital monthly and FY-to-date who had at least two GAF scores recorded during the episode. If there are not at least two GAF scores for the episode, the person is not counted in either the numerator or denominator for this report).

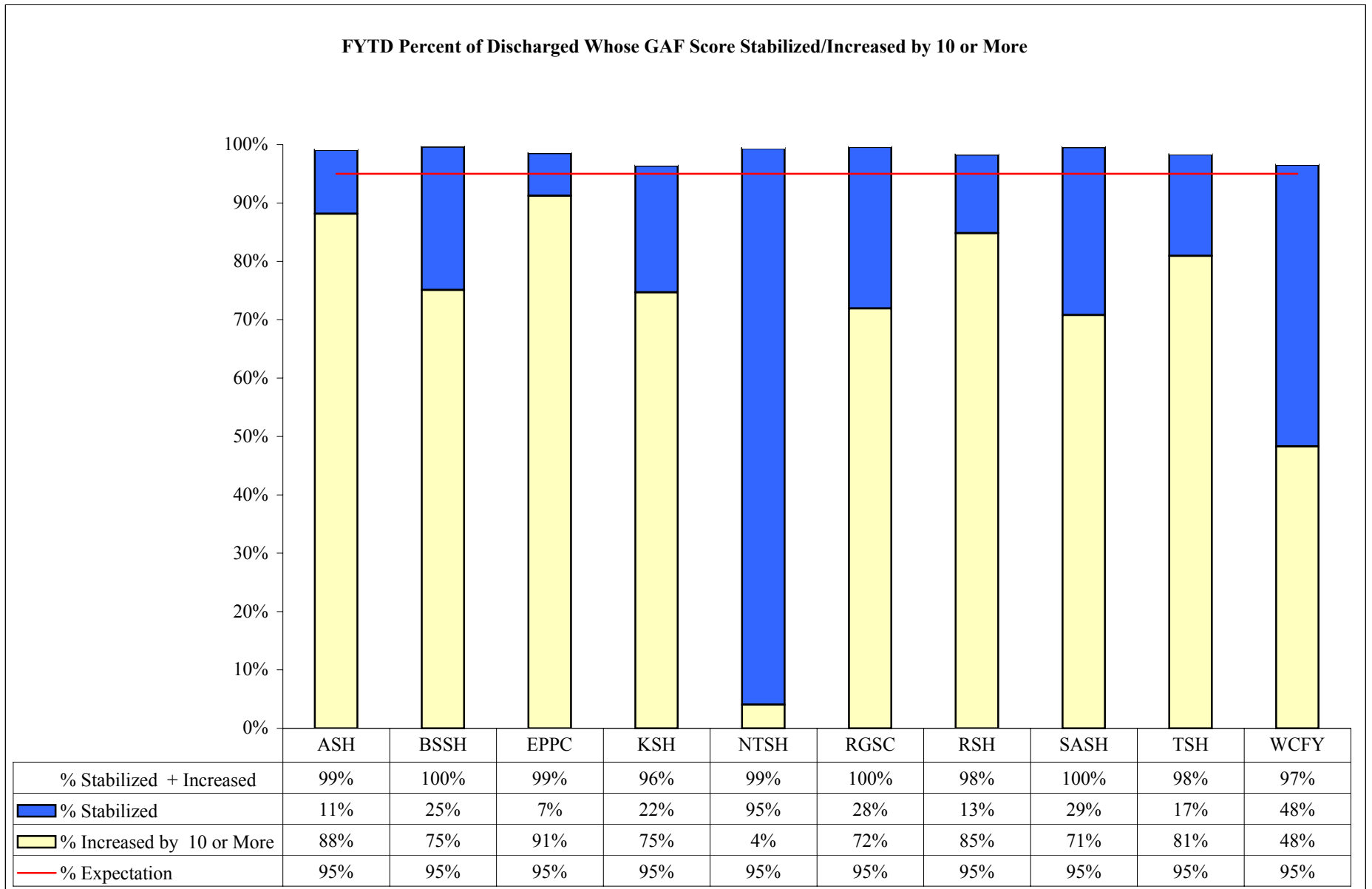
Performance Measure Data Display and Chart Description:

- ◆ Charts with monthly data points showing percent of persons discharged whose GAF scores stabilized/increased by 10 or more points.
- ◆ Chart with FYTD percent of persons discharged with specific GAF scores.
- ◆ Chart with FYTD percent of persons discharged whose GAF score stabilized/increased by 10 or more points.

Data Flow:



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
All State Hospitals - As of November 30, 2007

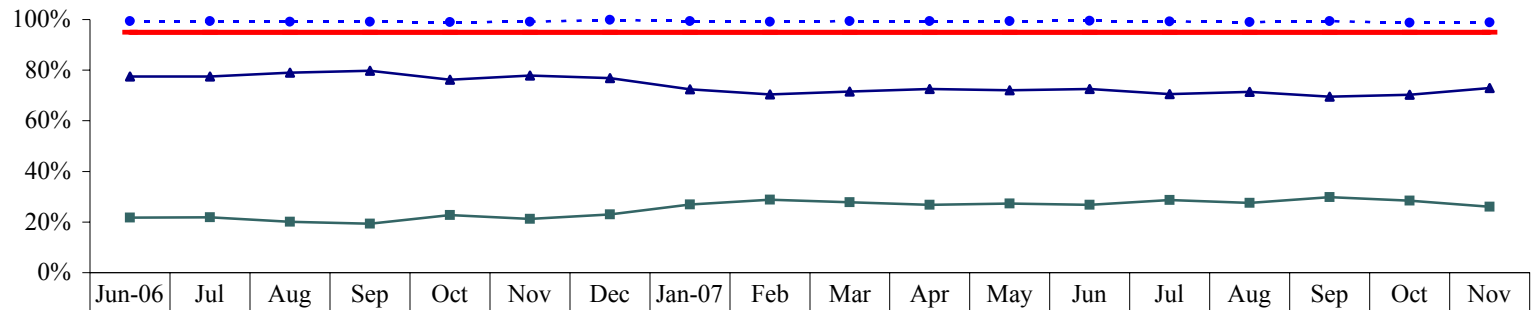


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

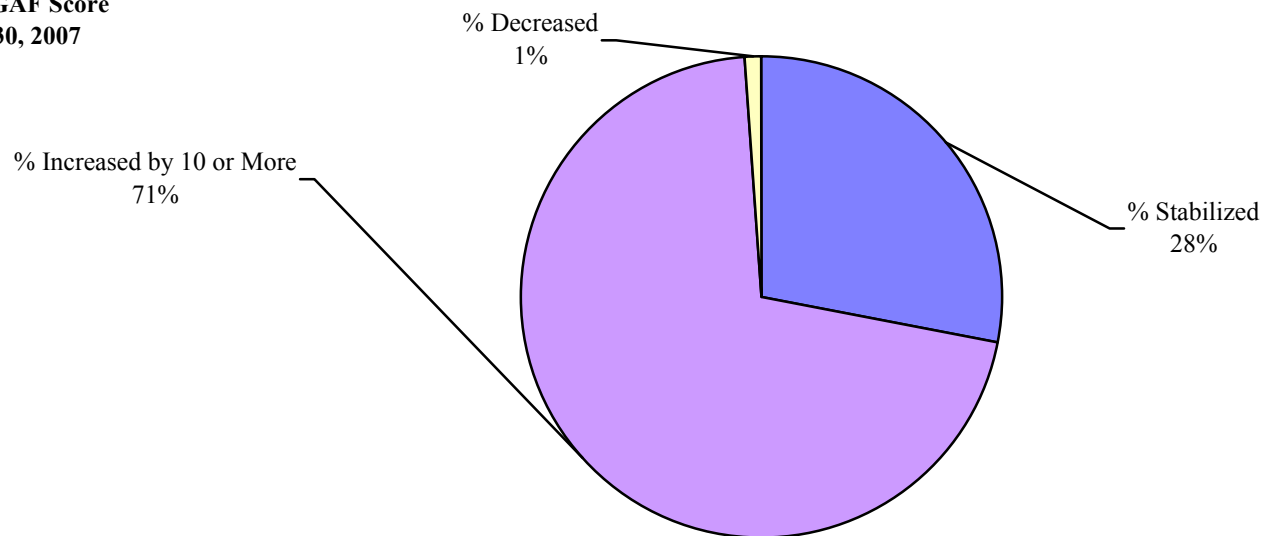
All State Hospitals

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

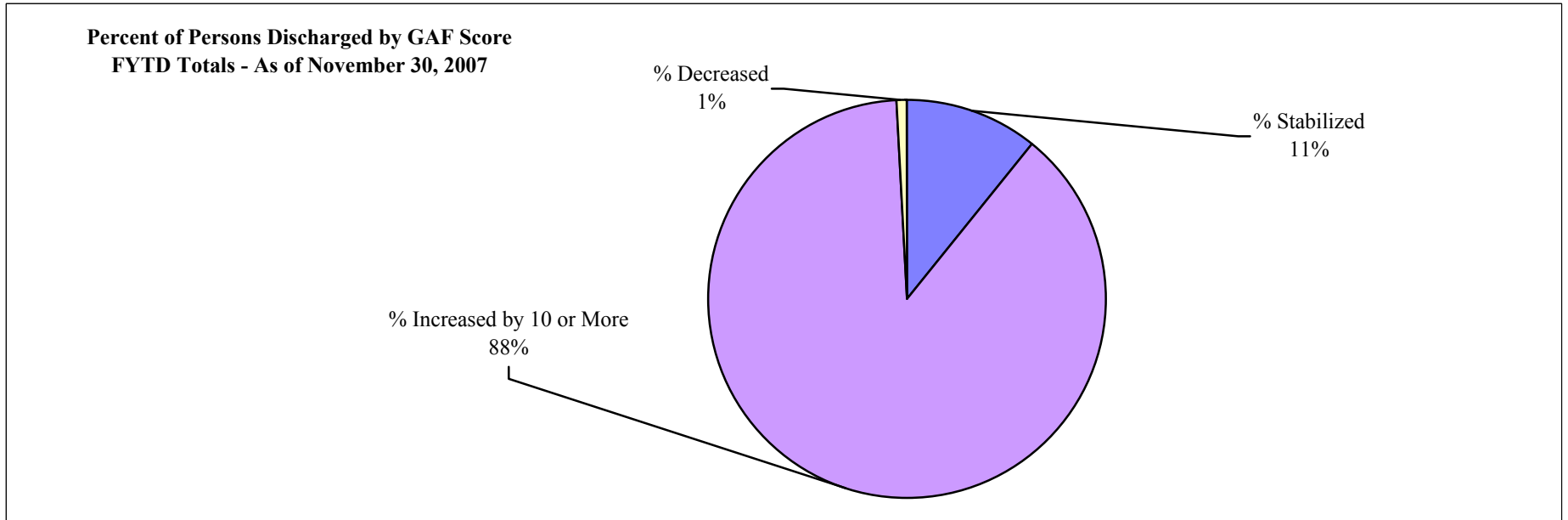
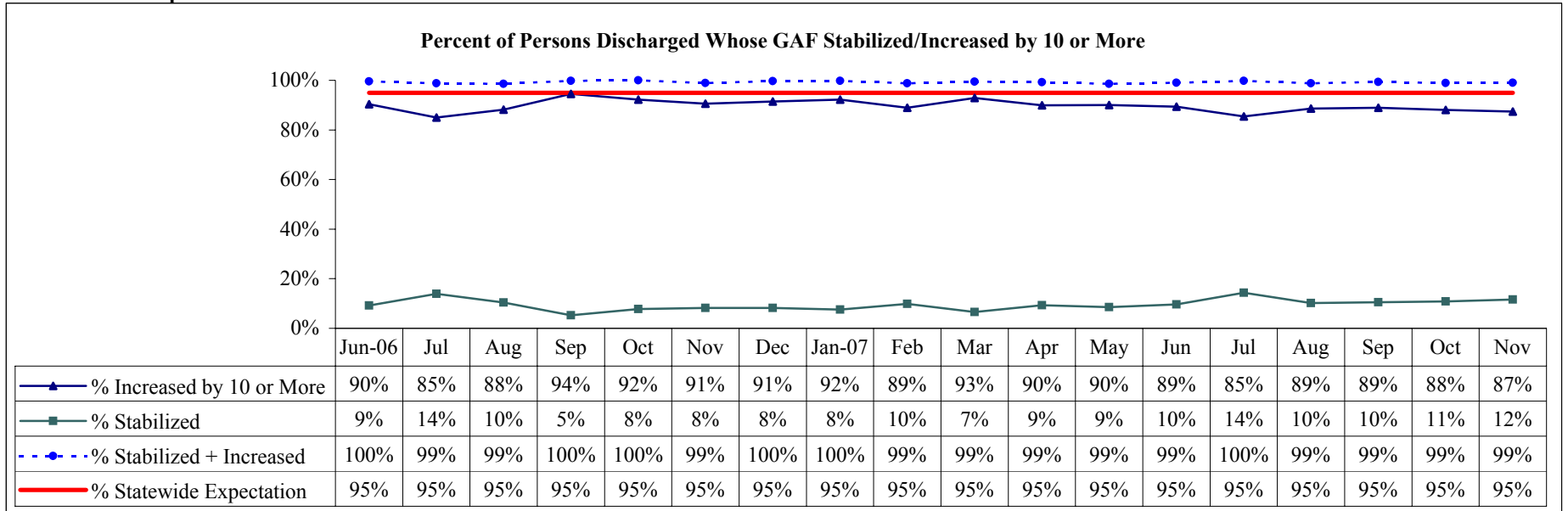


▲ % Increased by 10 or More	78%	77%	79%	80%	76%	78%	77%	72%	70%	72%	73%	72%	73%	71%	71%	70%	70%	73%
■ % Stabilized	22%	22%	20%	19%	23%	21%	23%	27%	29%	28%	27%	27%	27%	29%	28%	30%	28%	26%
- - ● % Stabilized + Increased	99%	99%	99%	99%	99%	99%	100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2007



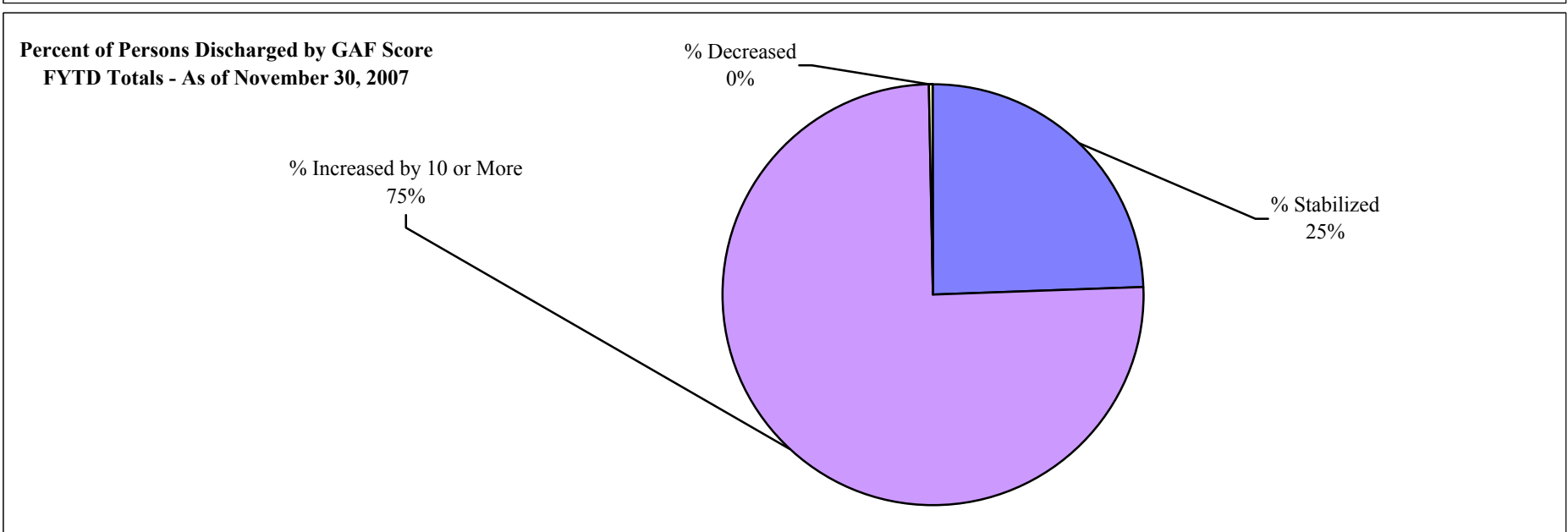
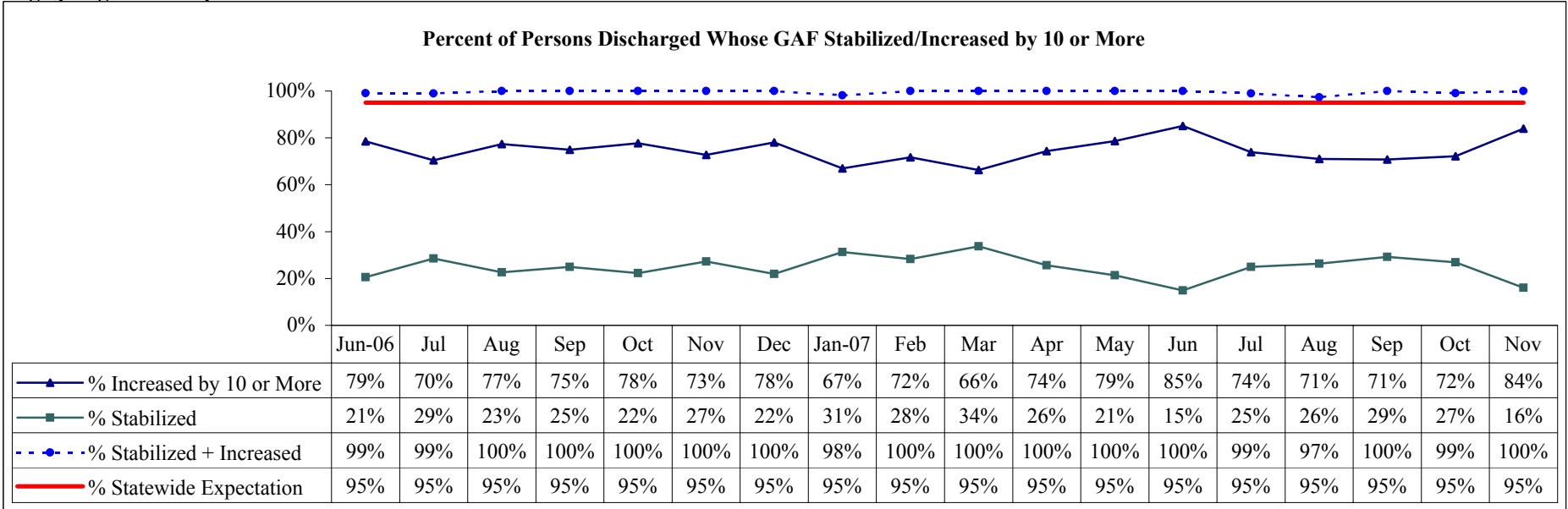
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Austin State Hospital



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

Big Spring State Hospital

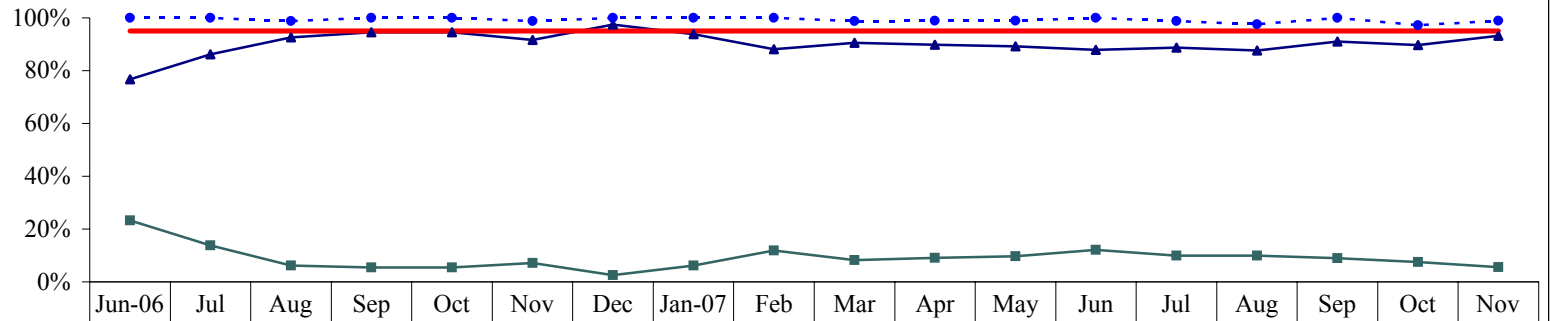


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

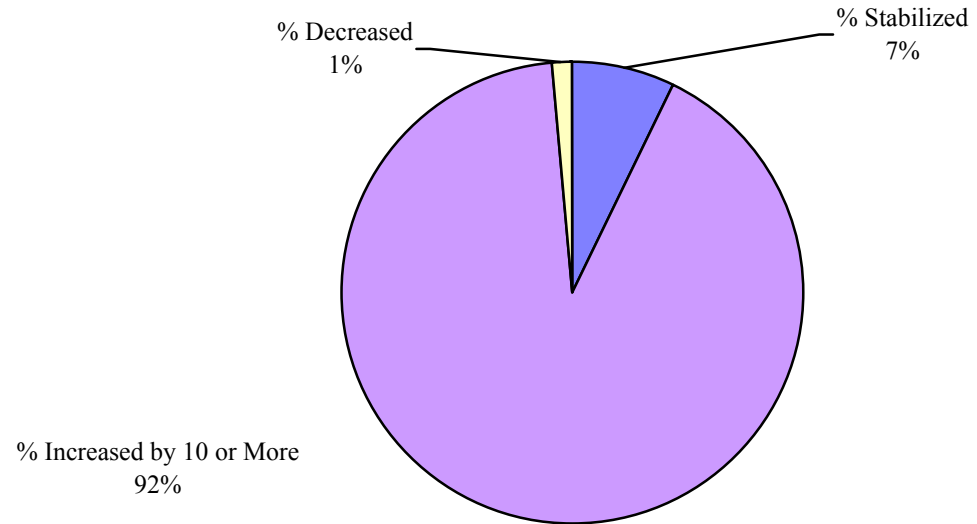
El Paso Psychiatric Center

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

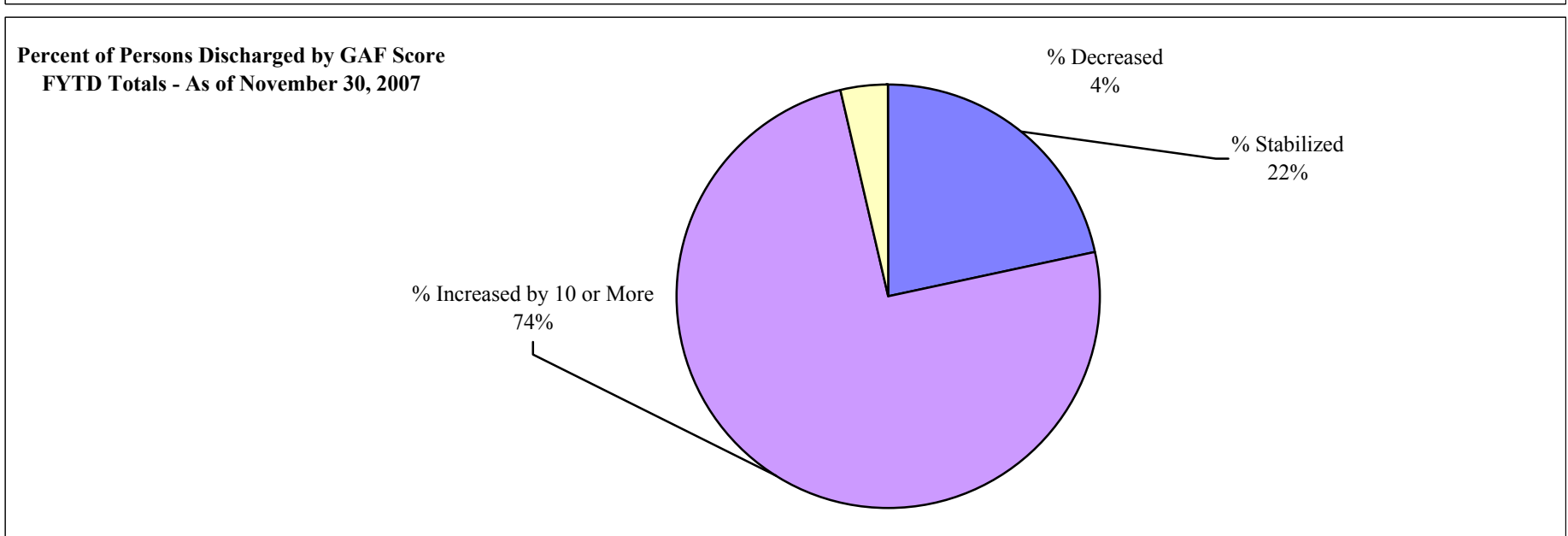
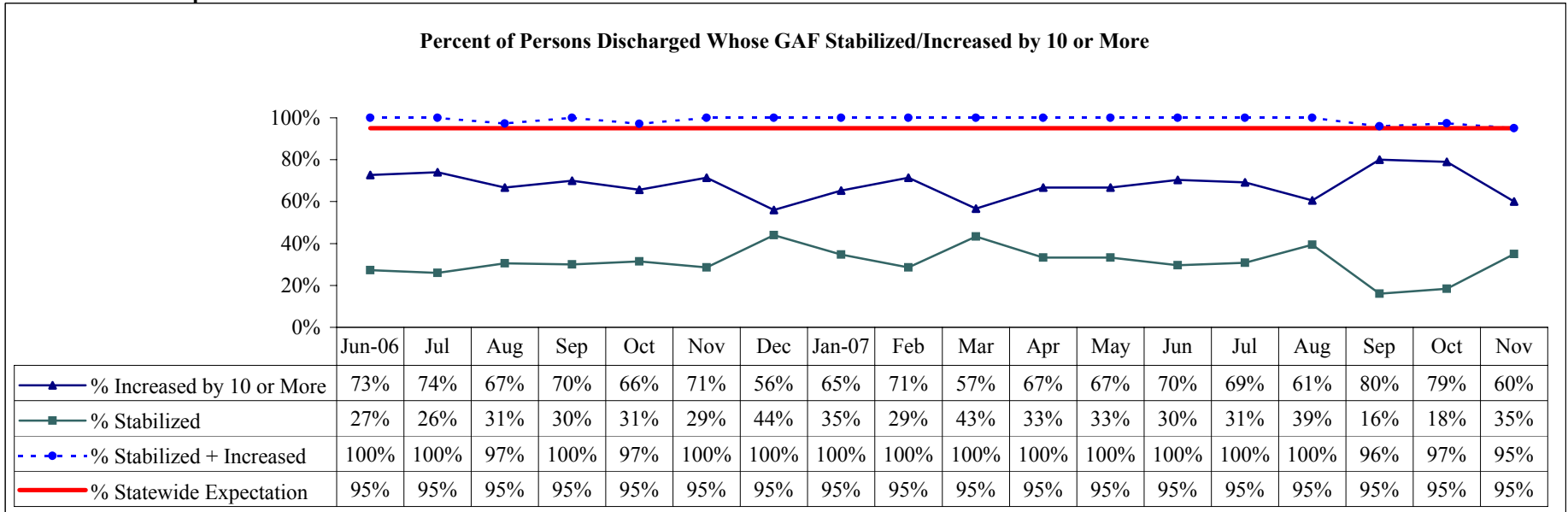


	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	77%	86%	93%	95%	95%	92%	97%	94%	88%	91%	90%	89%	88%	89%	88%	91%	90%	93%
—■— % Stabilized	23%	14%	6%	5%	5%	7%	3%	6%	12%	8%	9%	10%	12%	10%	10%	9%	7%	6%
- - ● - - % Stabilized + Increased	100%	100%	99%	100%	100%	99%	100%	100%	100%	99%	99%	99%	100%	99%	98%	100%	97%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

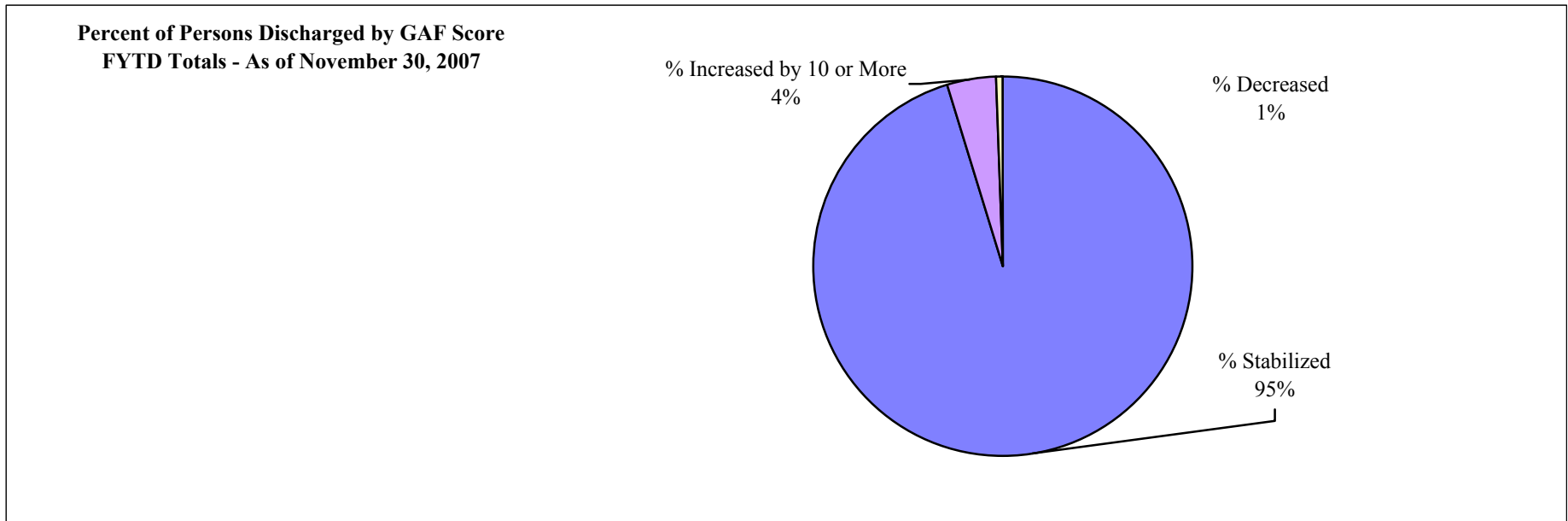
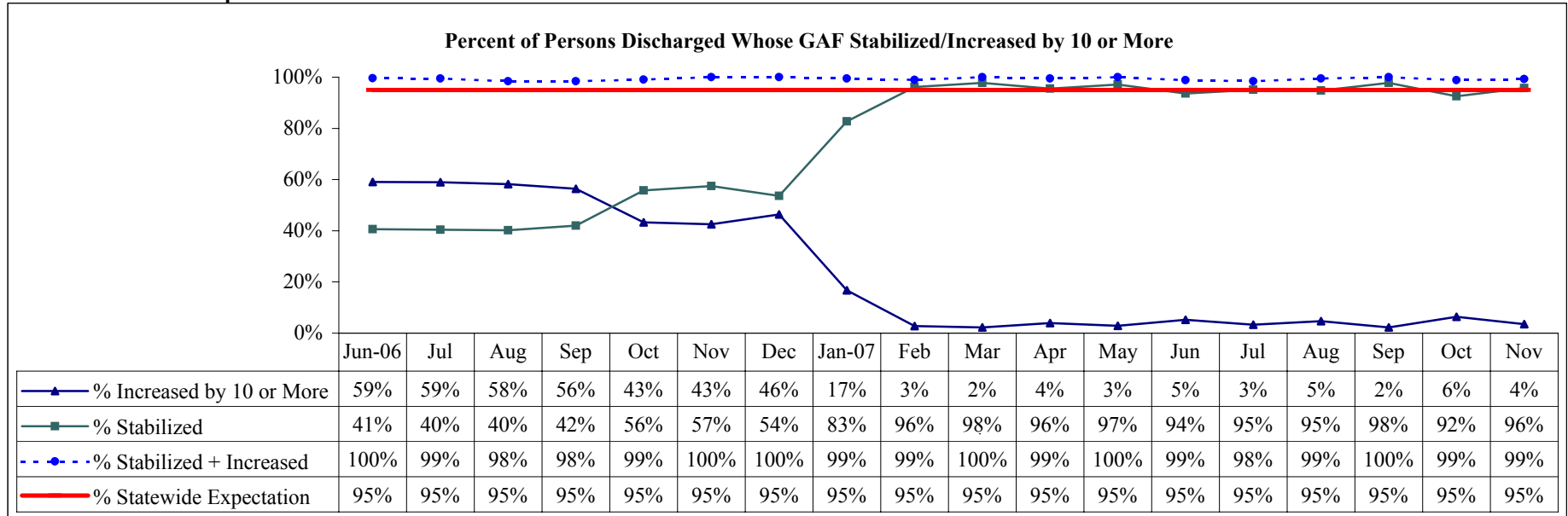
Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2007



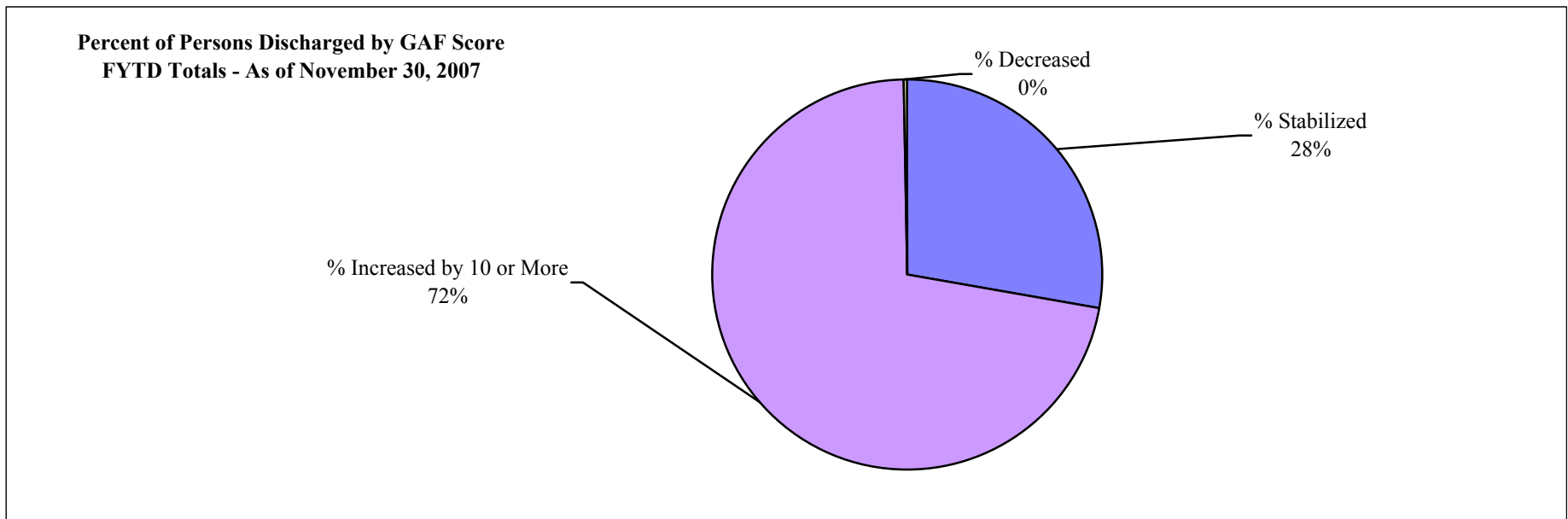
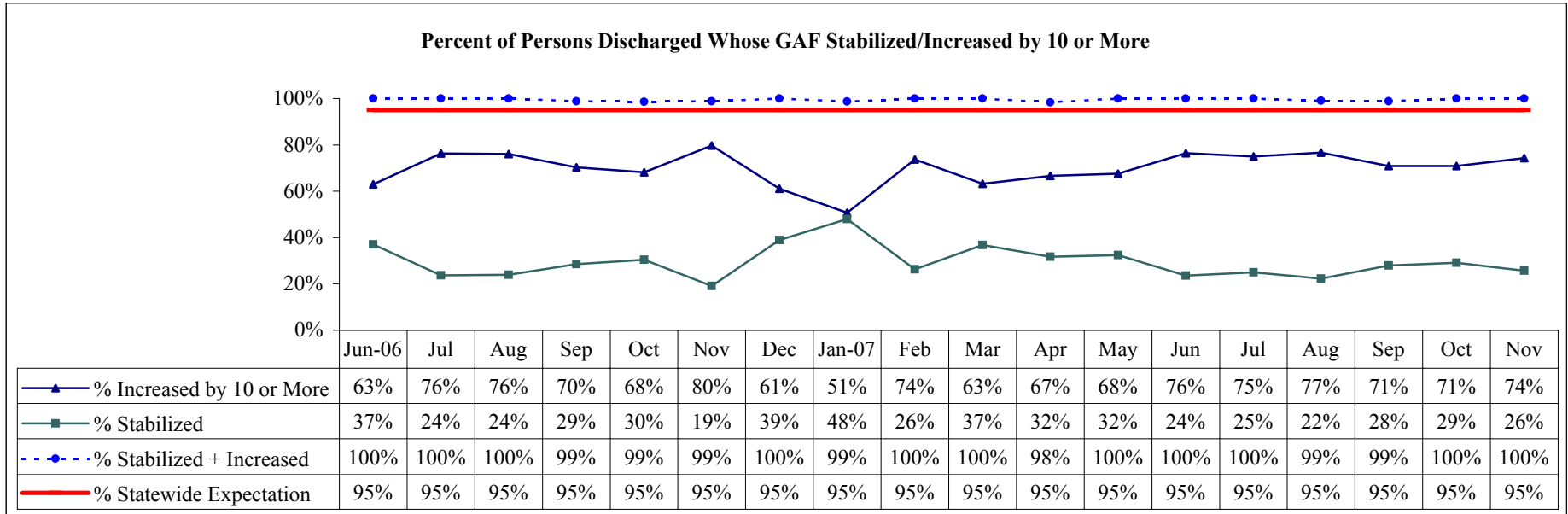
Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Kerrville State Hospital



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
North Texas State Hospital



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Rio Grande State Center

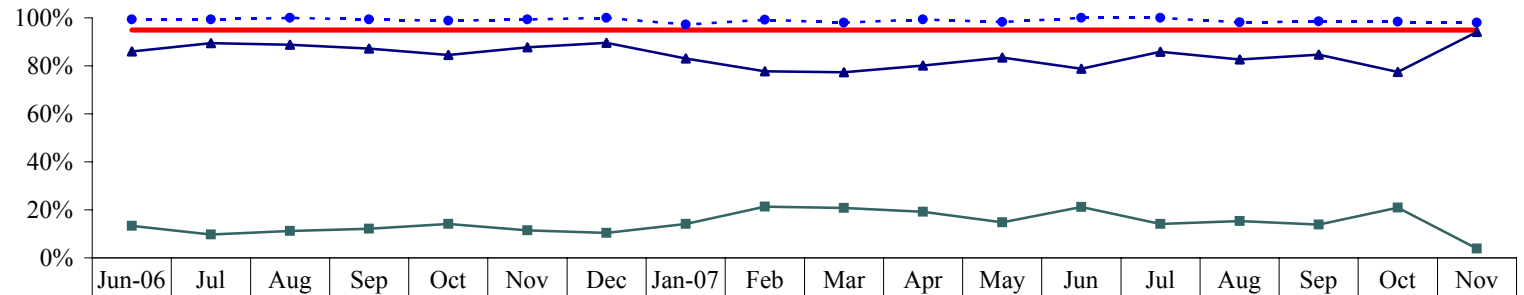


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

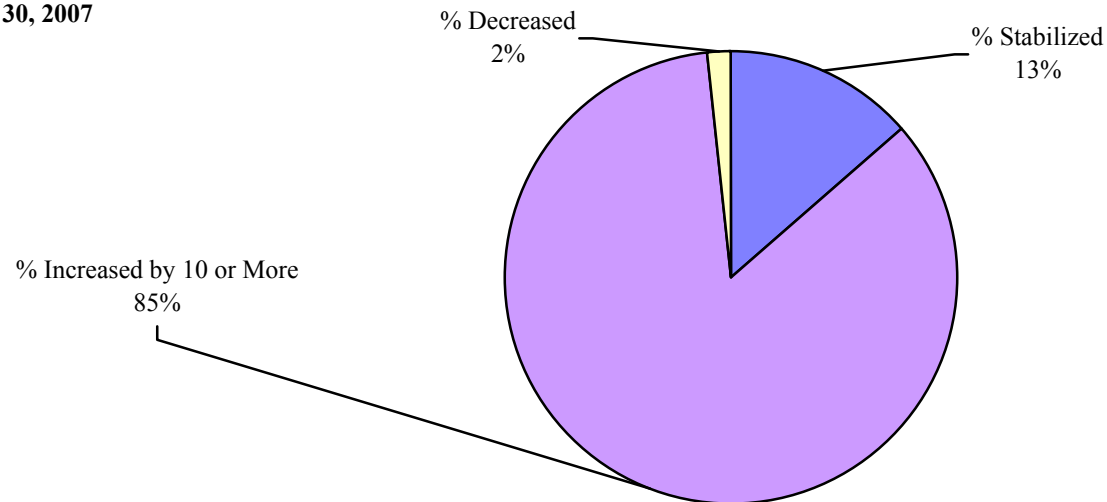
Rusk State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

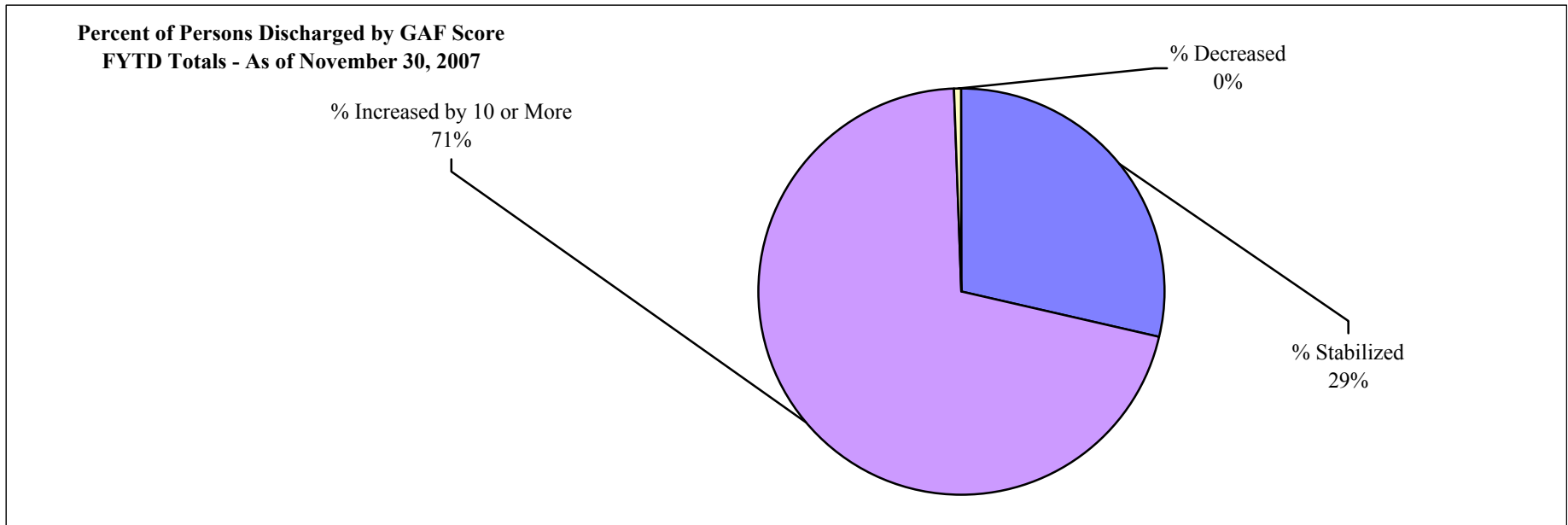
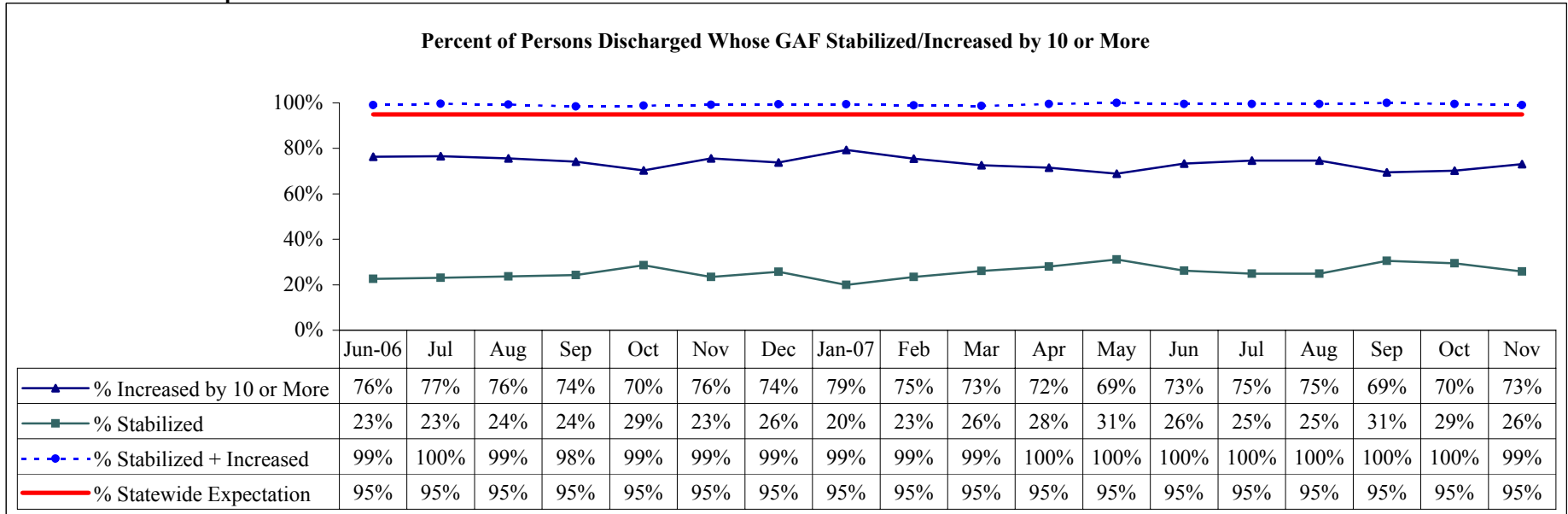


	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	86%	90%	89%	87%	85%	88%	90%	83%	78%	77%	80%	84%	79%	86%	83%	85%	77%	94%
—■— % Stabilized	13%	10%	11%	12%	14%	12%	10%	14%	21%	21%	19%	15%	21%	14%	15%	14%	21%	4%
- - ● - - % Stabilized + Increased	99%	99%	100%	99%	99%	99%	100%	97%	99%	98%	99%	98%	100%	100%	98%	98%	98%	98%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2007



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
San Antonio State Hospital

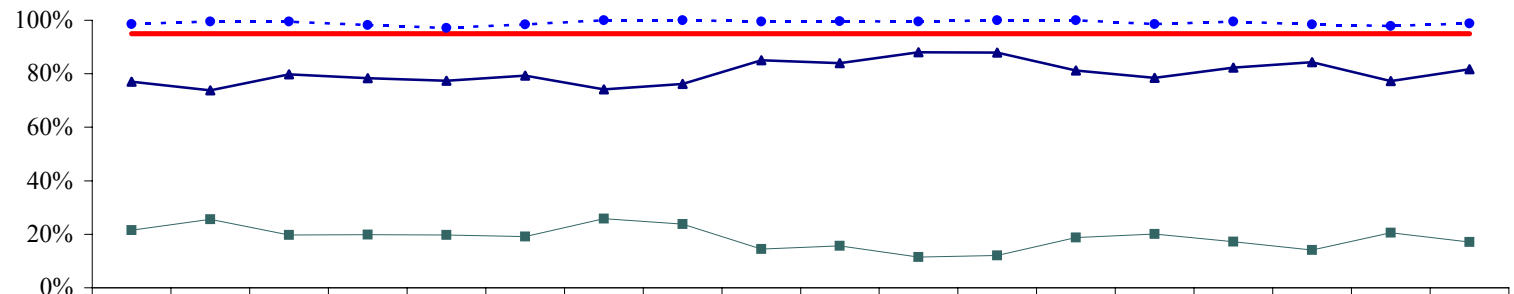


Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More

Percent of Discharged Whose GAF Score Stabilized

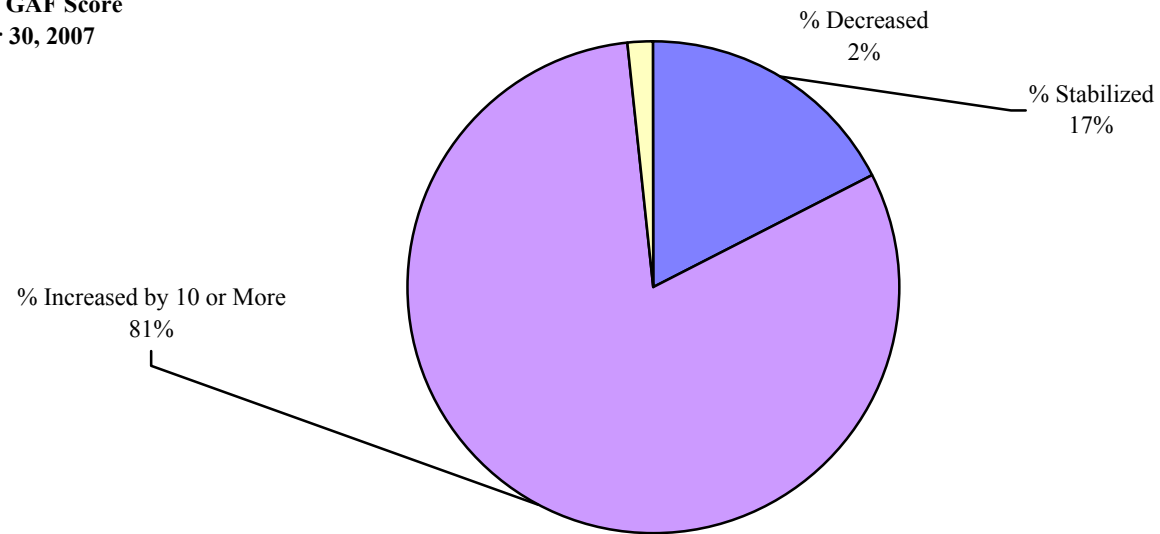
Terrell State Hospital

Percent of Persons Discharged Whose GAF Stabilized/Increased by 10 or More

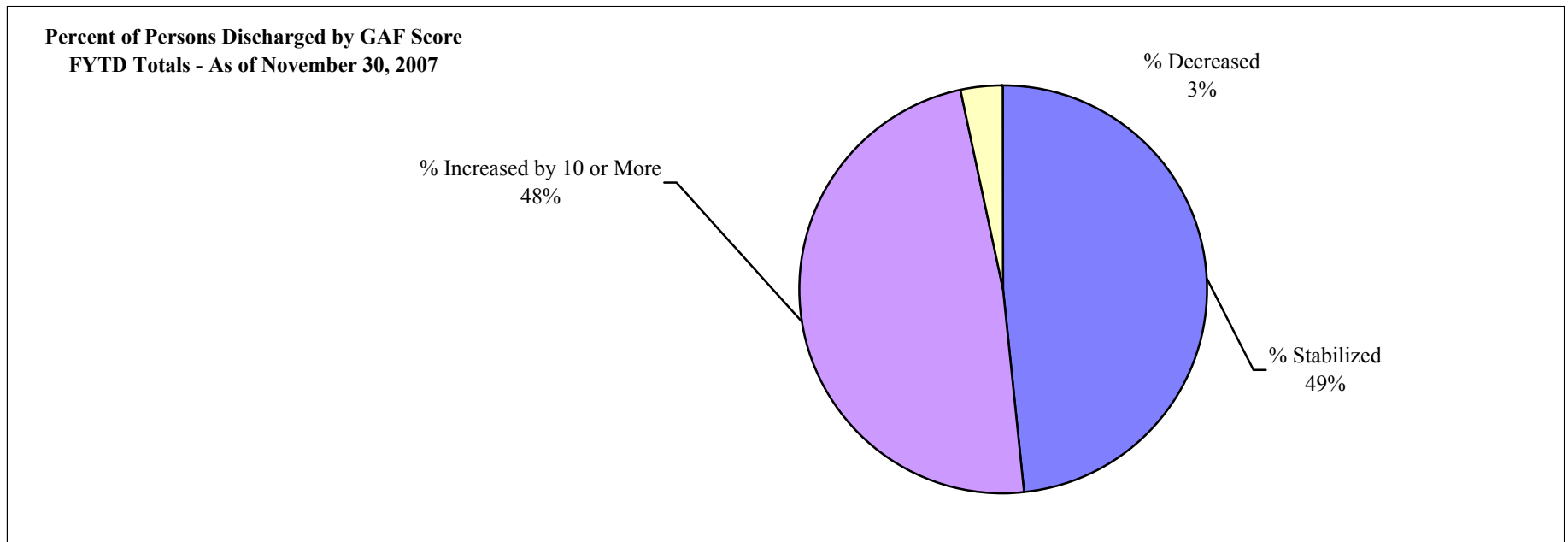
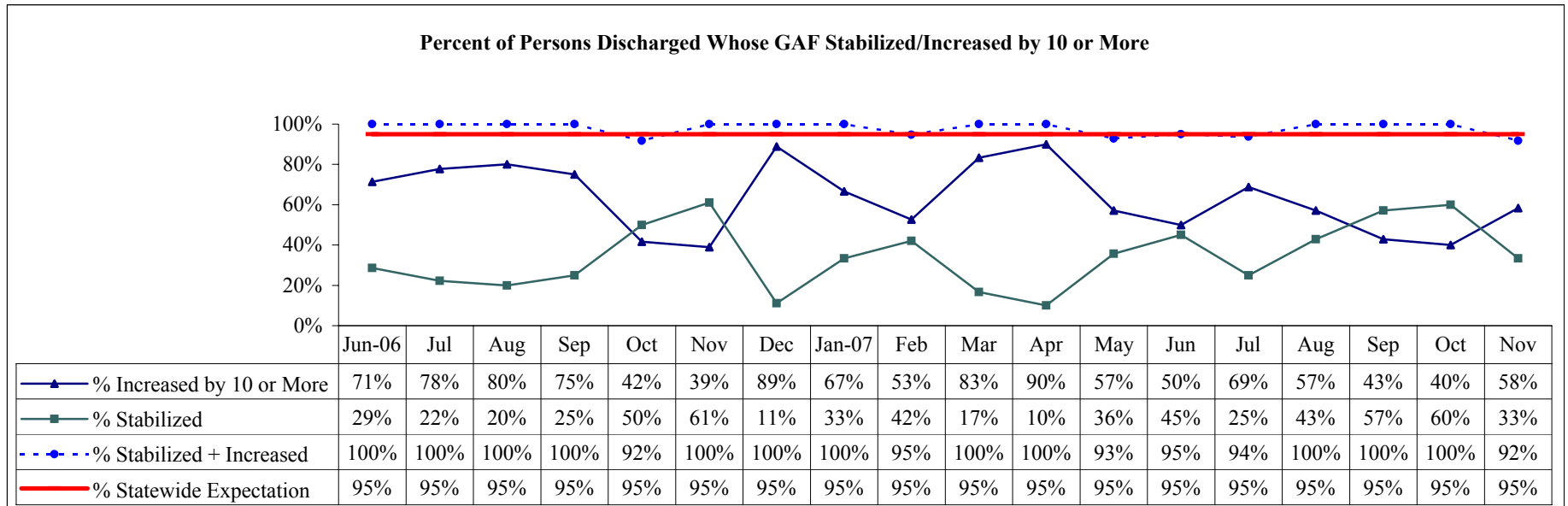


	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
—▲— % Increased by 10 or More	77%	74%	80%	78%	77%	79%	74%	76%	85%	84%	88%	88%	81%	79%	82%	84%	77%	82%
—■— % Stabilized	22%	26%	20%	20%	20%	19%	26%	24%	14%	16%	11%	12%	19%	20%	17%	14%	21%	17%
- - ● - - % Stabilized + Increased	99%	99%	100%	98%	97%	98%	100%	100%	100%	100%	100%	100%	100%	99%	100%	98%	98%	99%
— % Statewide Expectation	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Percent of Persons Discharged by GAF Score
FYTD Totals - As of November 30, 2007



Measure 3A - Percent of Discharged Whose GAF Score Increased by 10 or More
Percent of Discharged Whose GAF Score Stabilized
Waco Center for Youth



GOAL 4: Implement an Effective and Safe Medication Management System That Improves the Quality of Care, Treatment, and Services.

Performance Objective 4A:

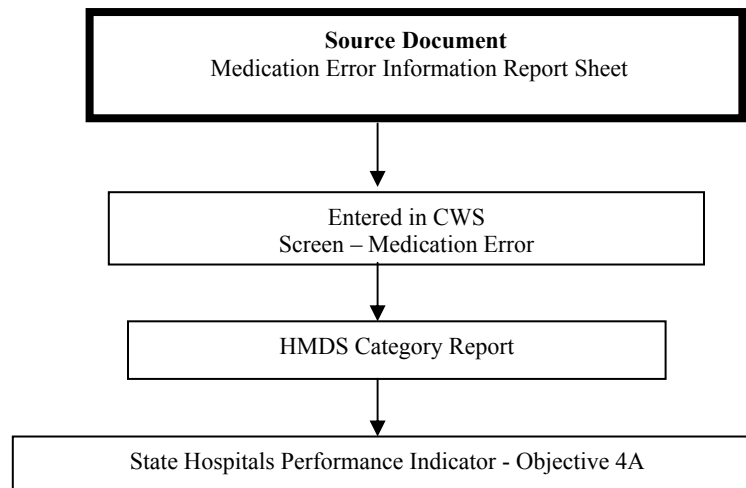
Each state hospital will identify, collect, aggregate, and analyze medication errors.

Performance Objective Operational Definition: The number of state hospital medication errors as documented on the Medication Error Information Report form per month.

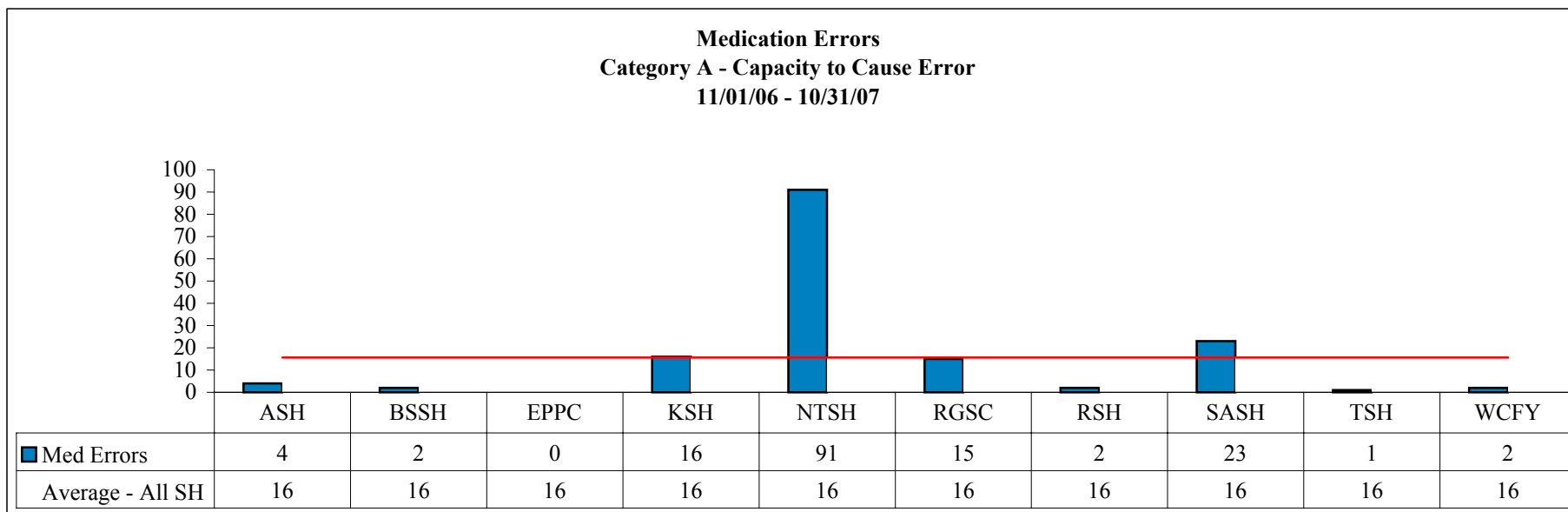
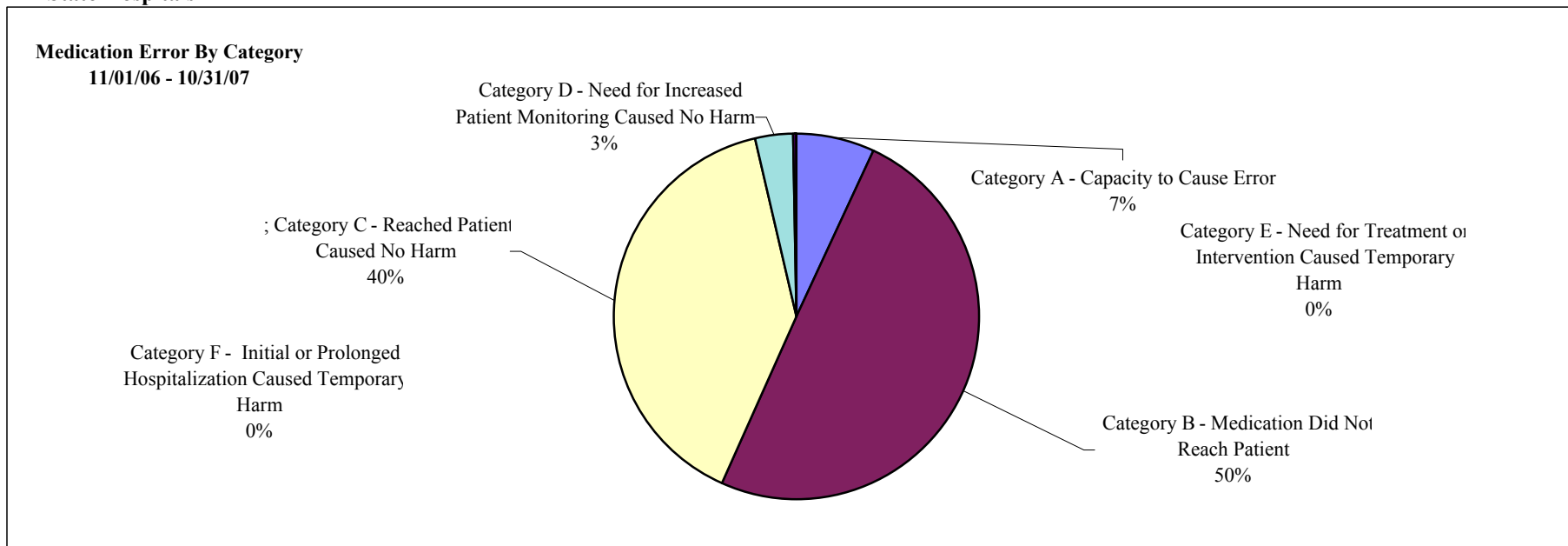
Performance Objective Data Display and Chart Description:

- ◆ Chart with the number of medication errors causing no patient harm; causing patient harm; and causing patient death for individual state hospitals and system-wide
- ◆ Chart with the number of medication errors YTD, in each category for individual state hospitals and system-wide.
- ◆ Chart with monthly data points, for the total number of variances for individual state hospitals and system-wide.

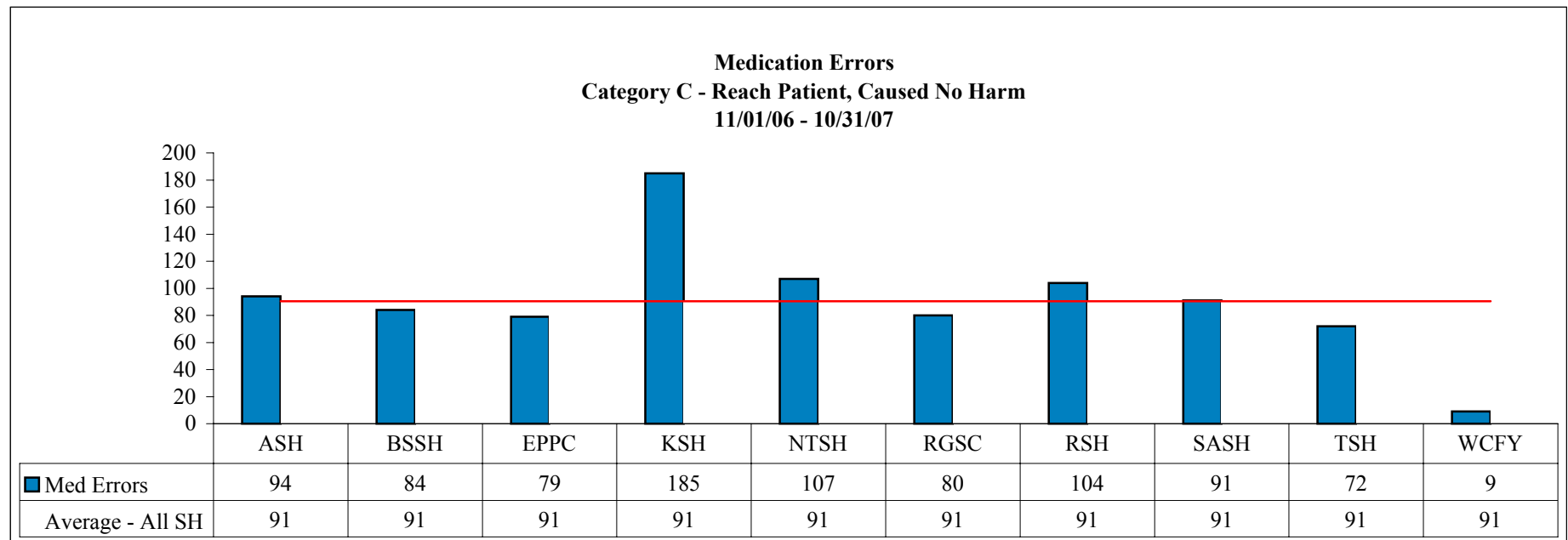
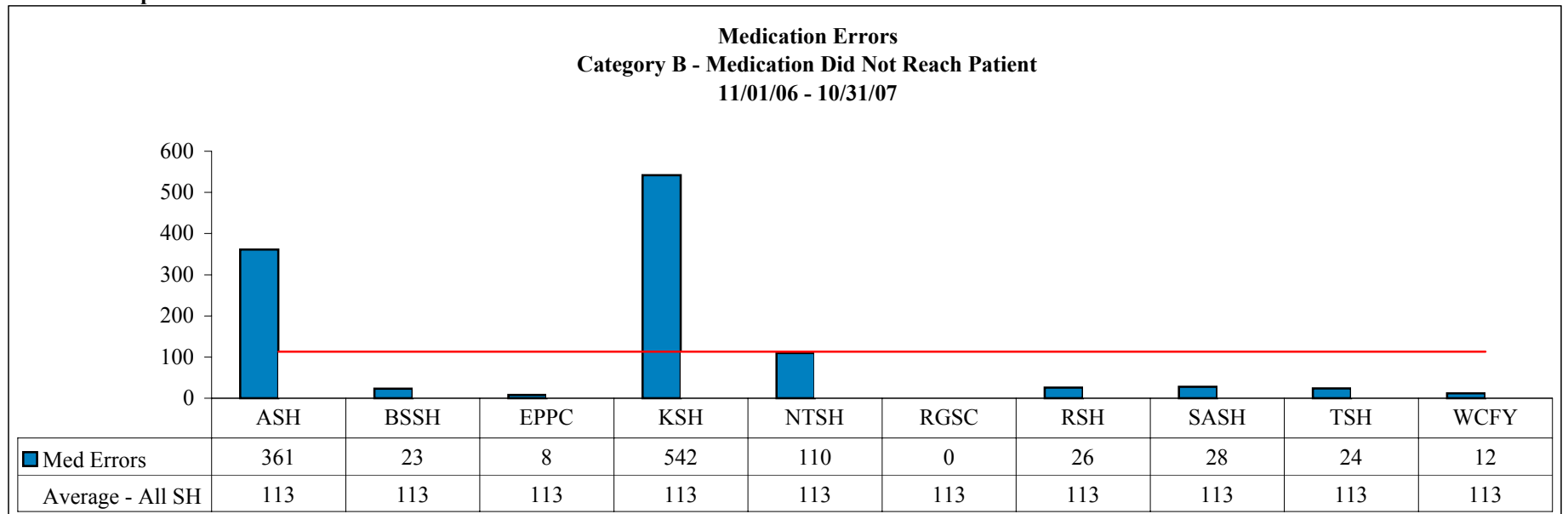
Data Flow:



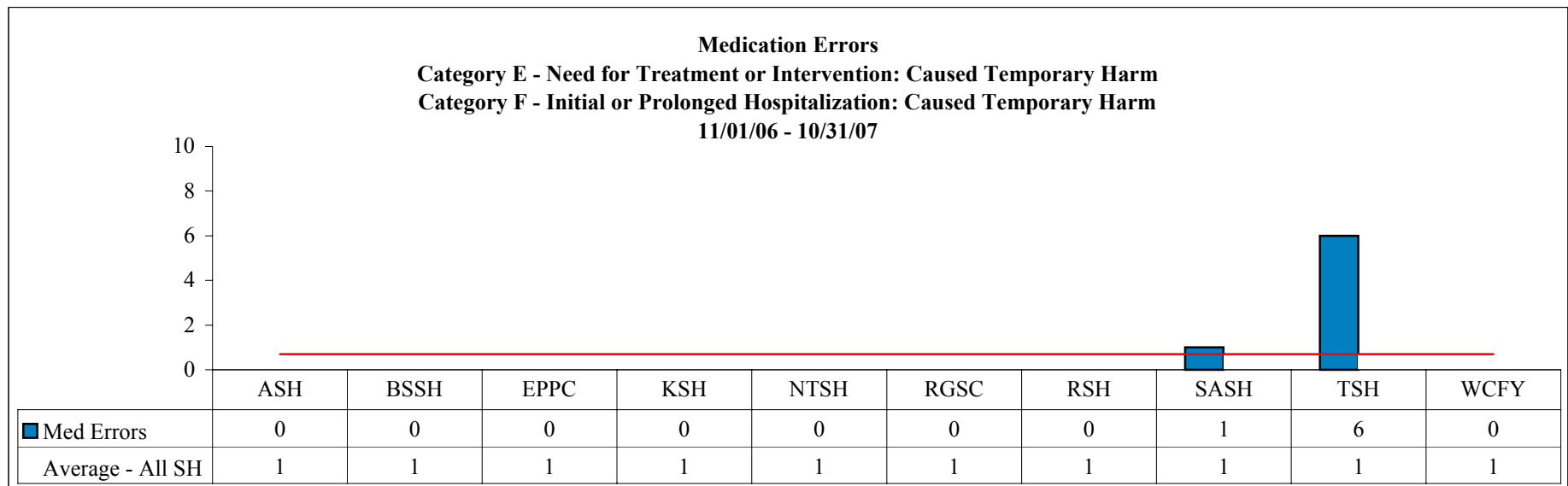
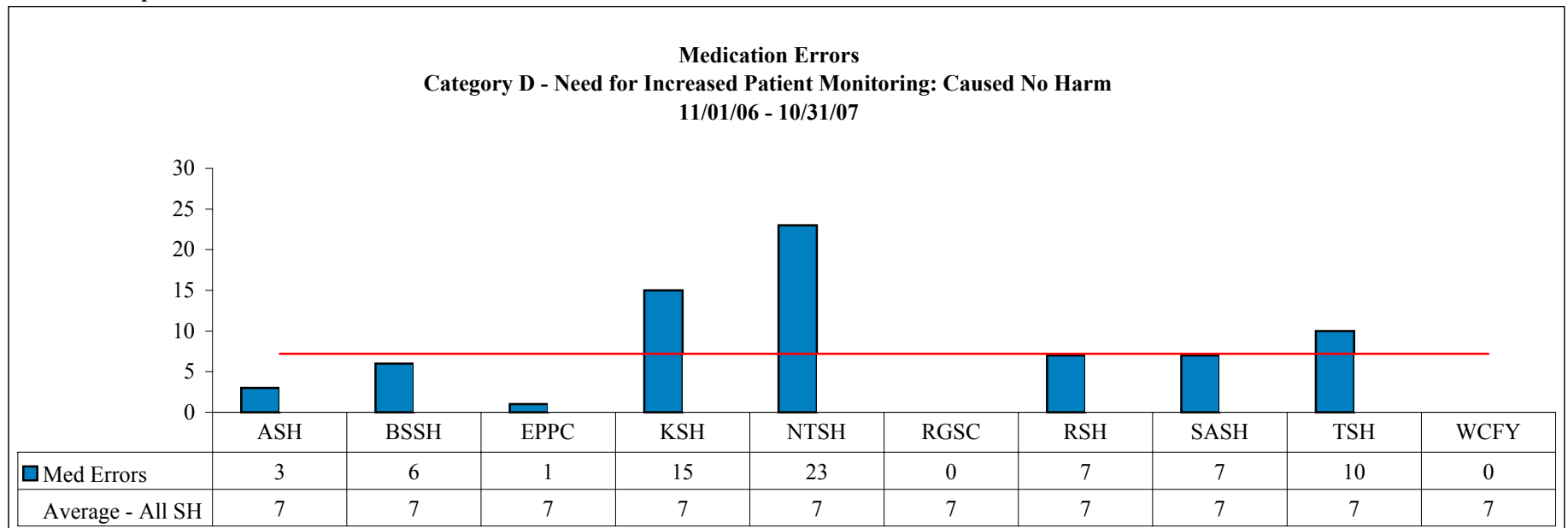
Objective 4A - Medication Variance Data
All State Hospitals



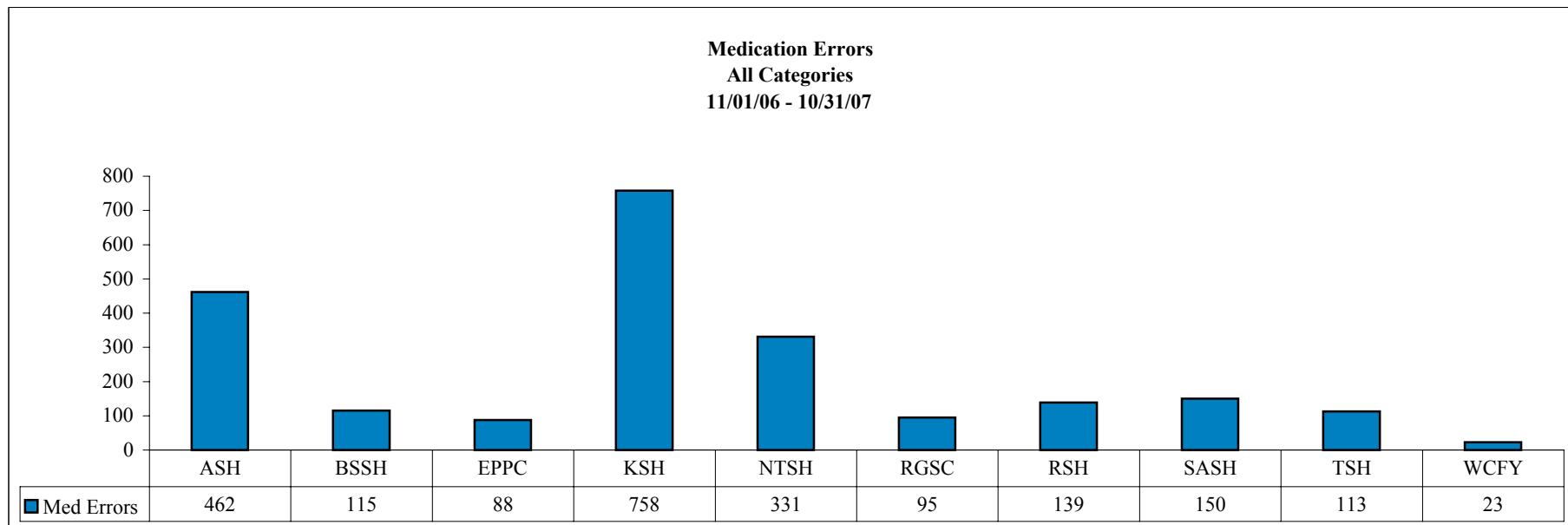
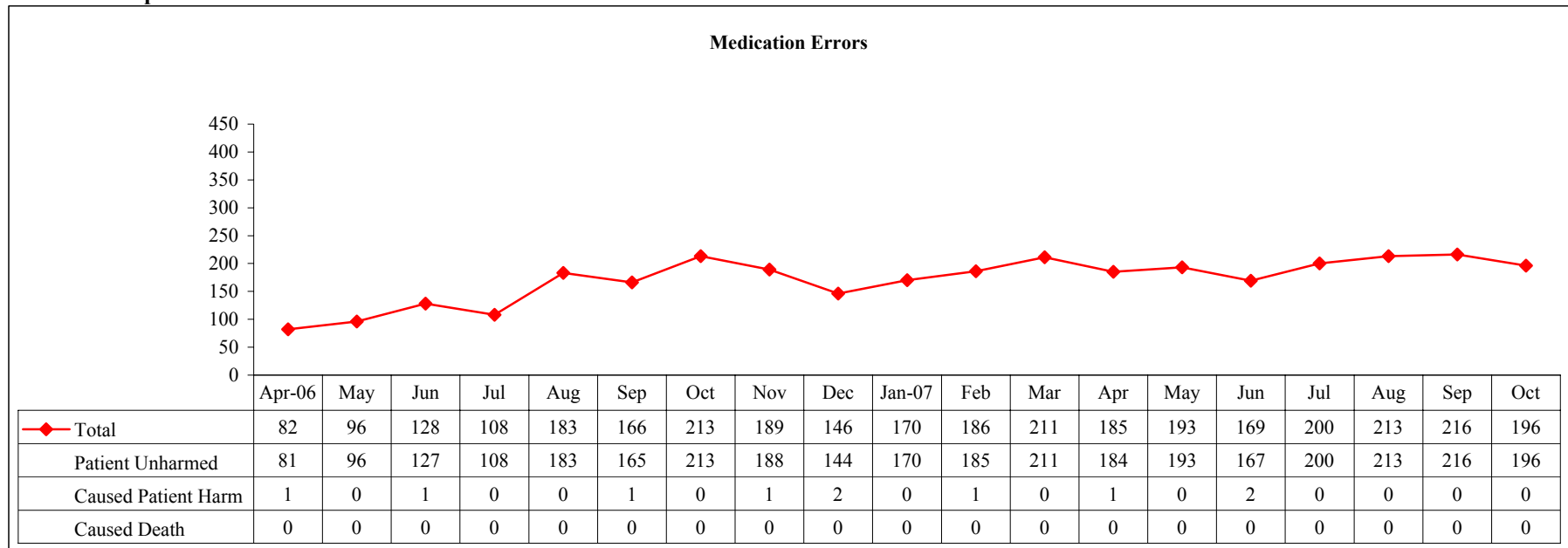
Objective 4A - Medication Variance Data
All State Hospitals



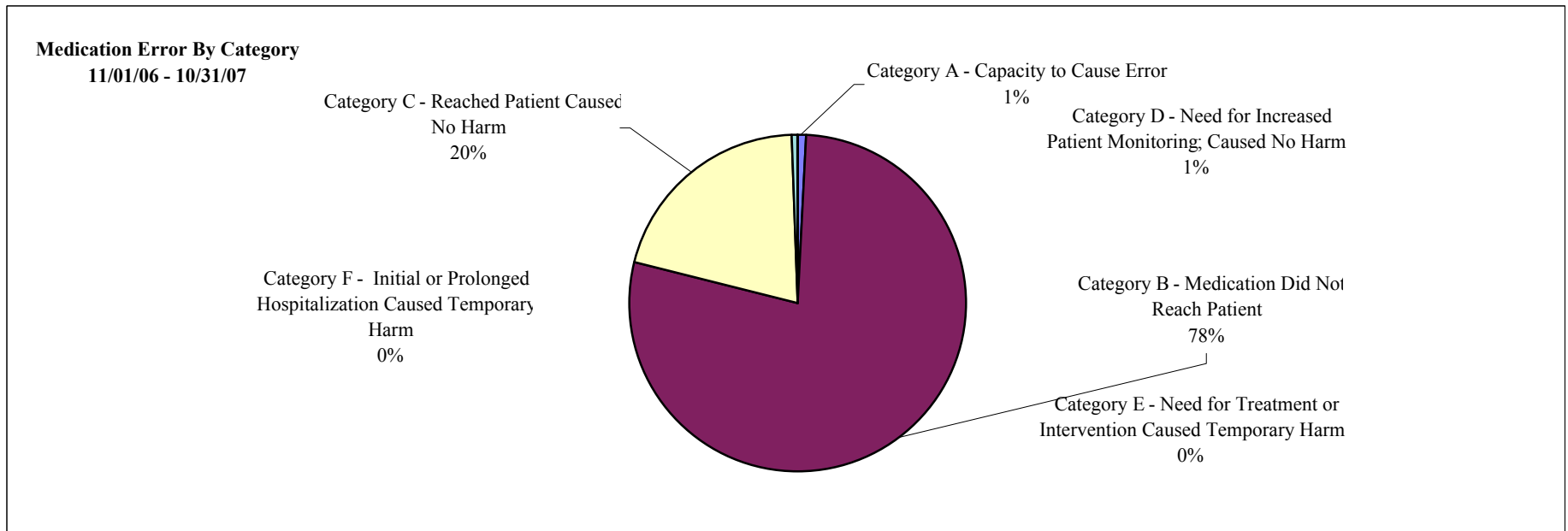
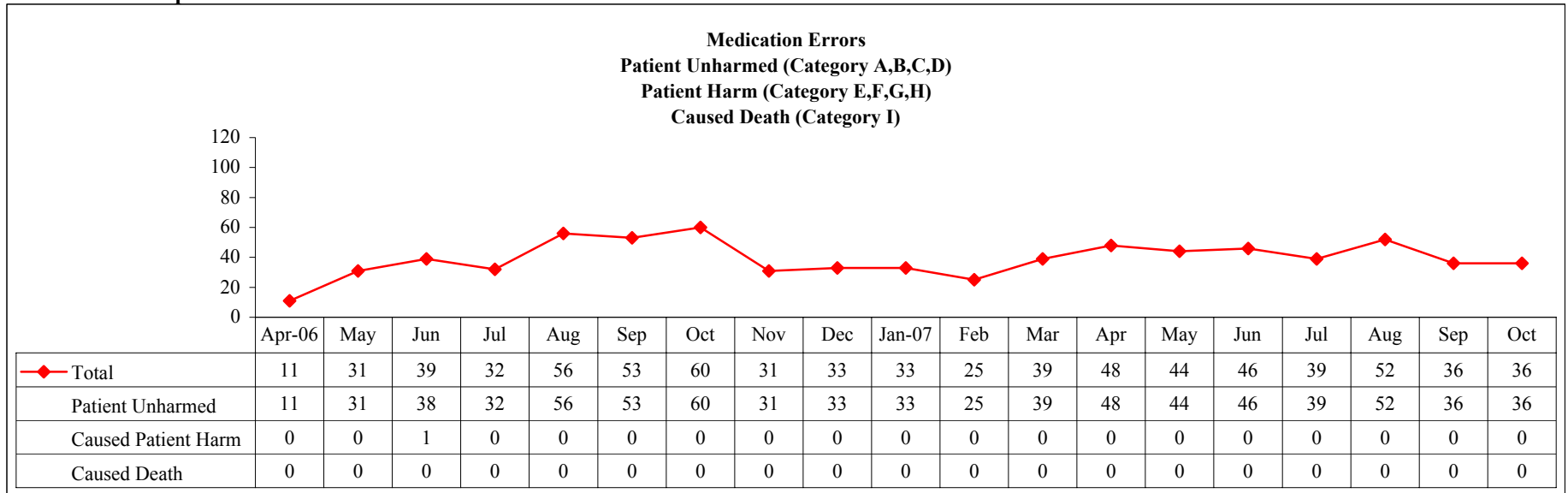
Objective 4A - Medication Variance Data
All State Hospitals



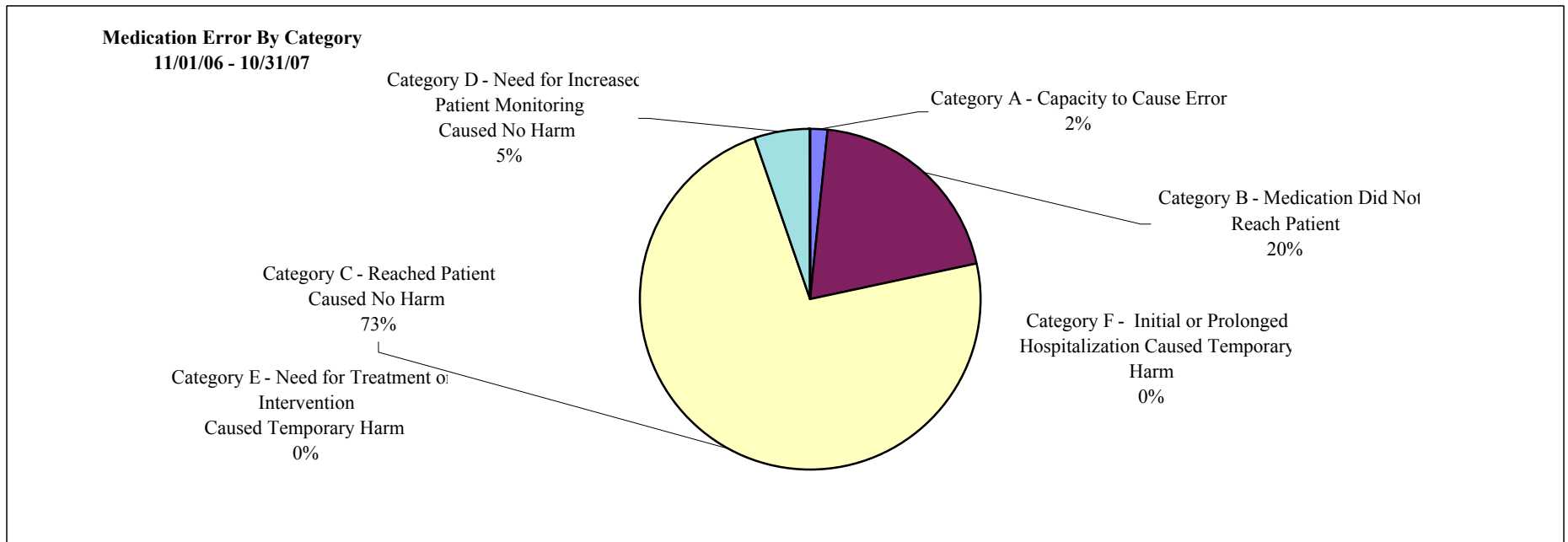
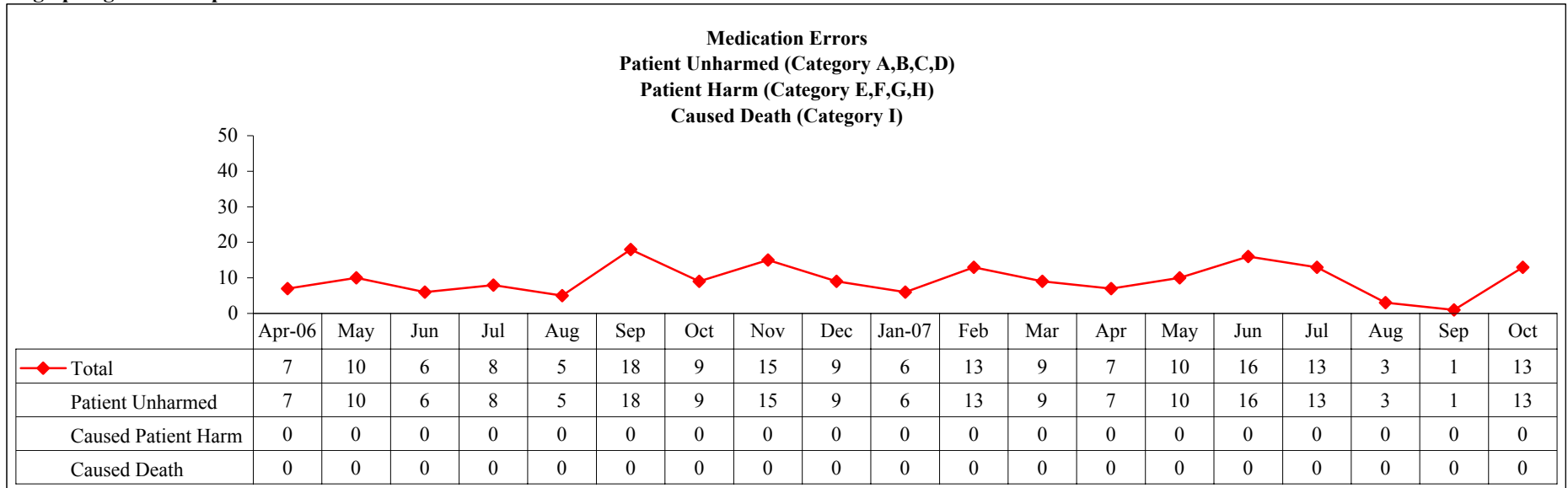
Objective 4A - Medication Variance Data
All State Hospitals



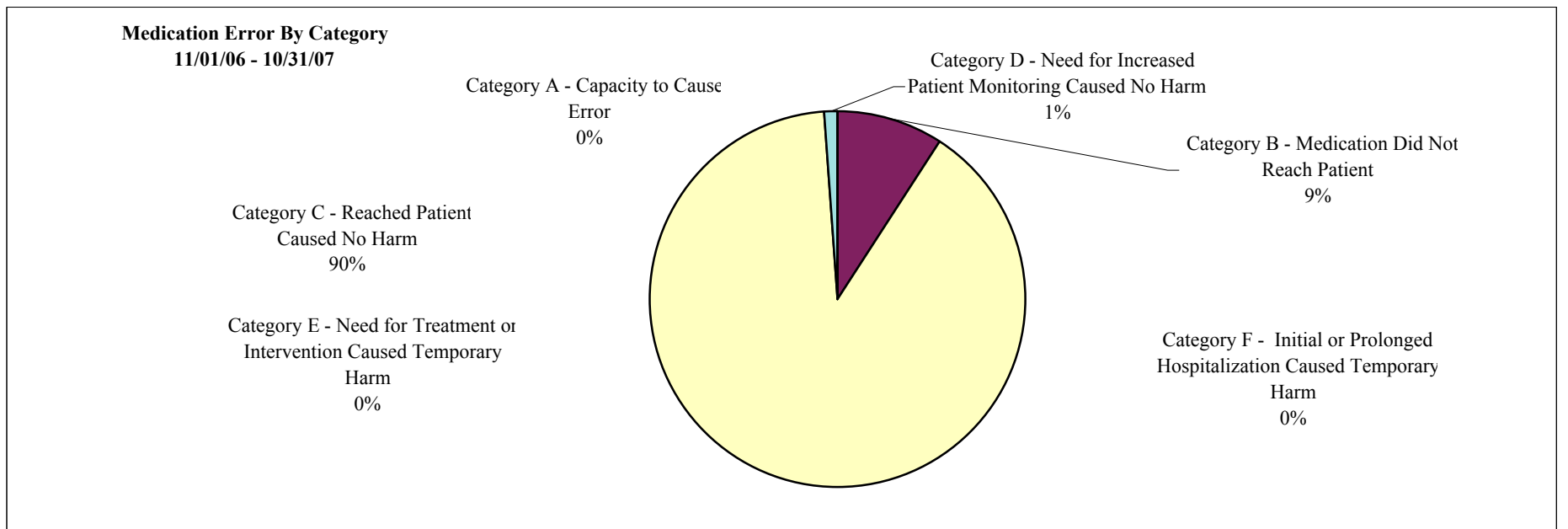
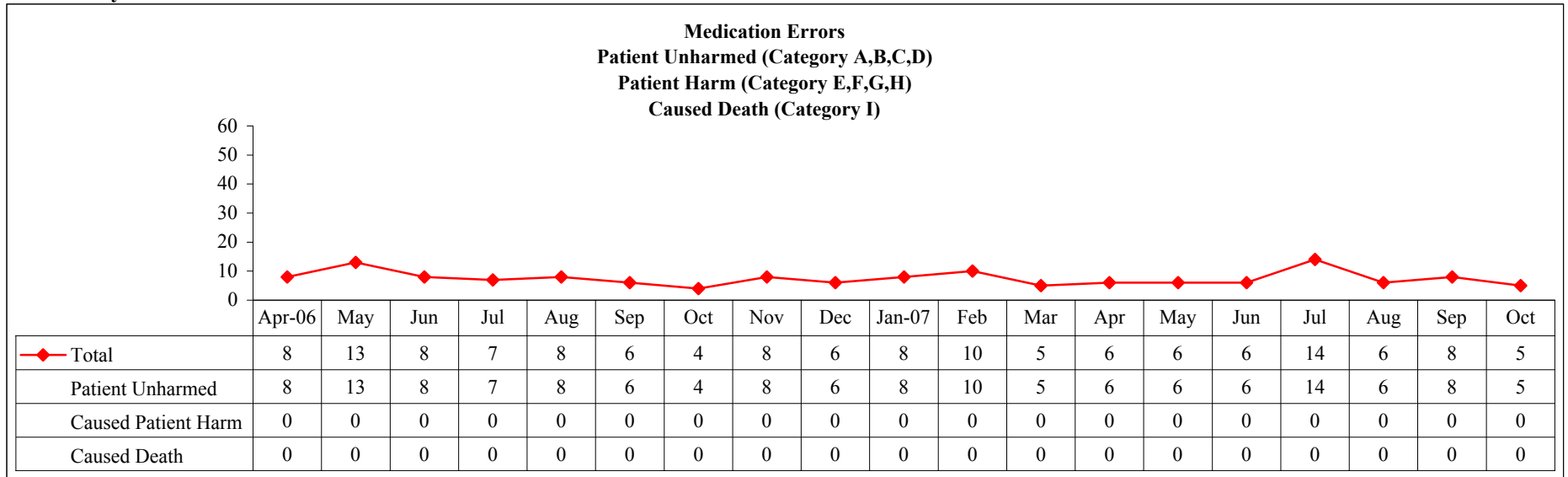
Objective 4A - Medication Variance Data
Austin State Hospital



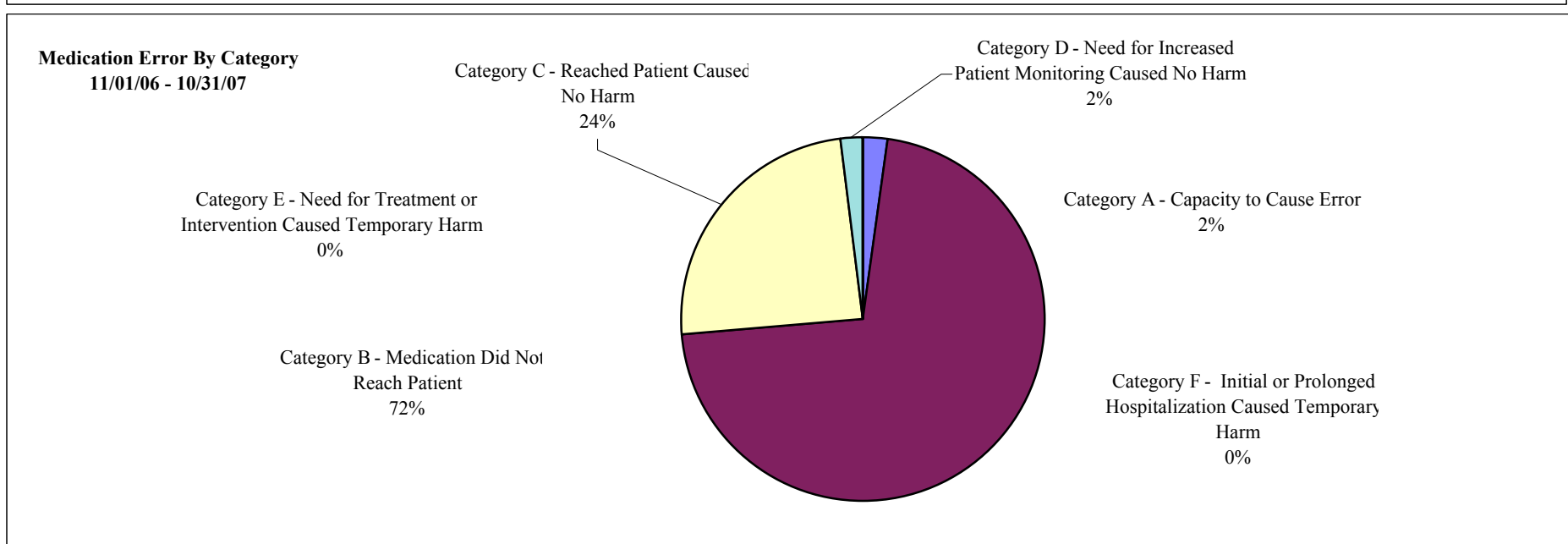
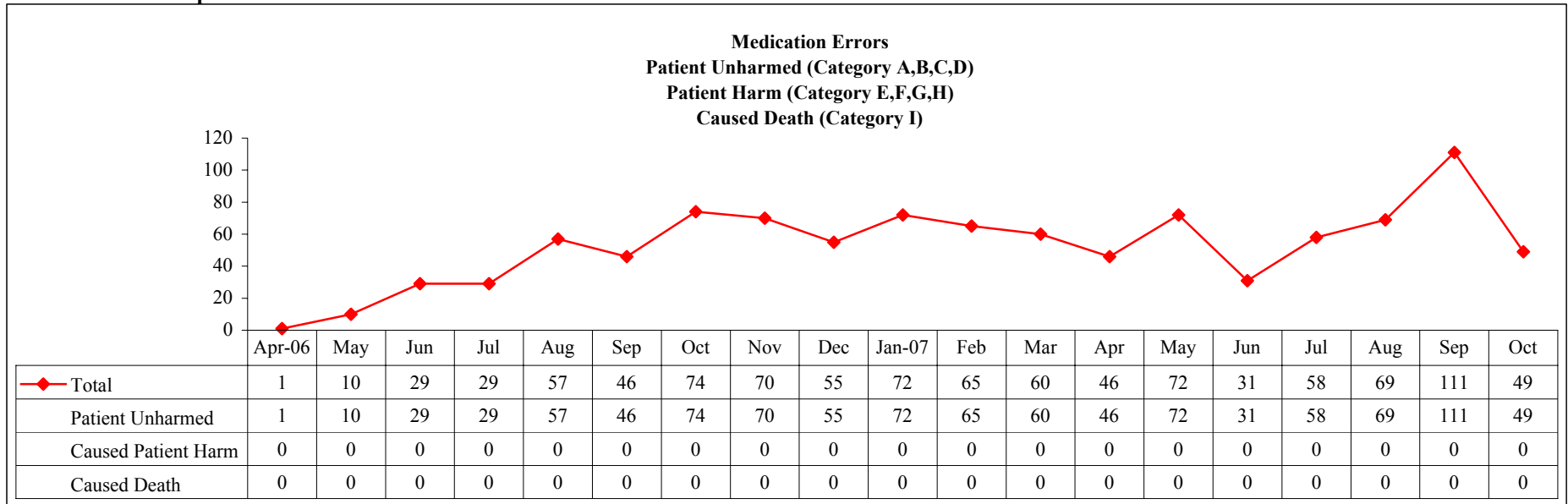
Objective 4A - Medication Variance Data
Big Spring State Hospital



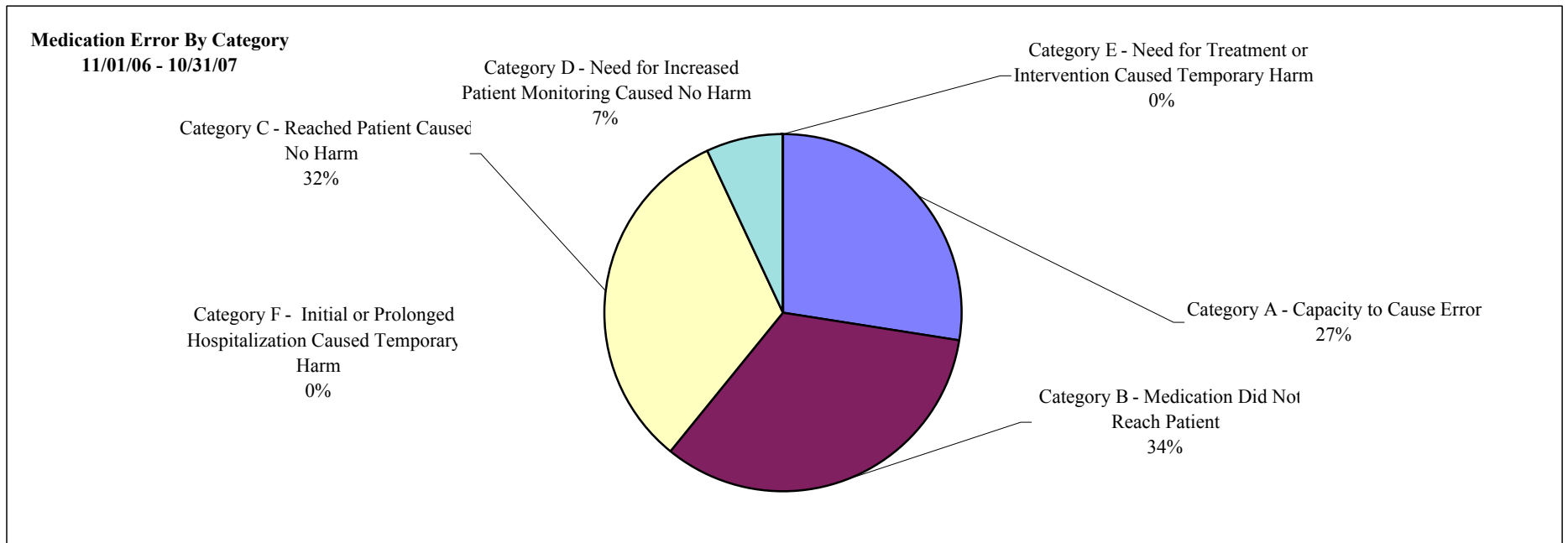
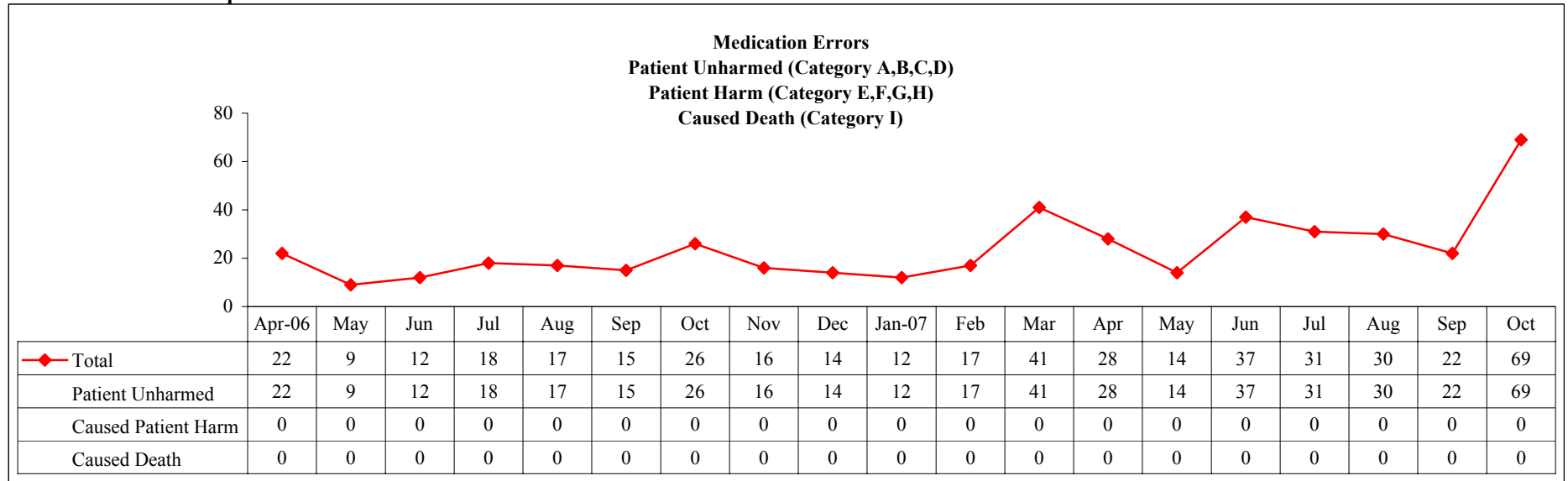
Objective 4A - Medication Variance Data
El Paso Psychiatric Center



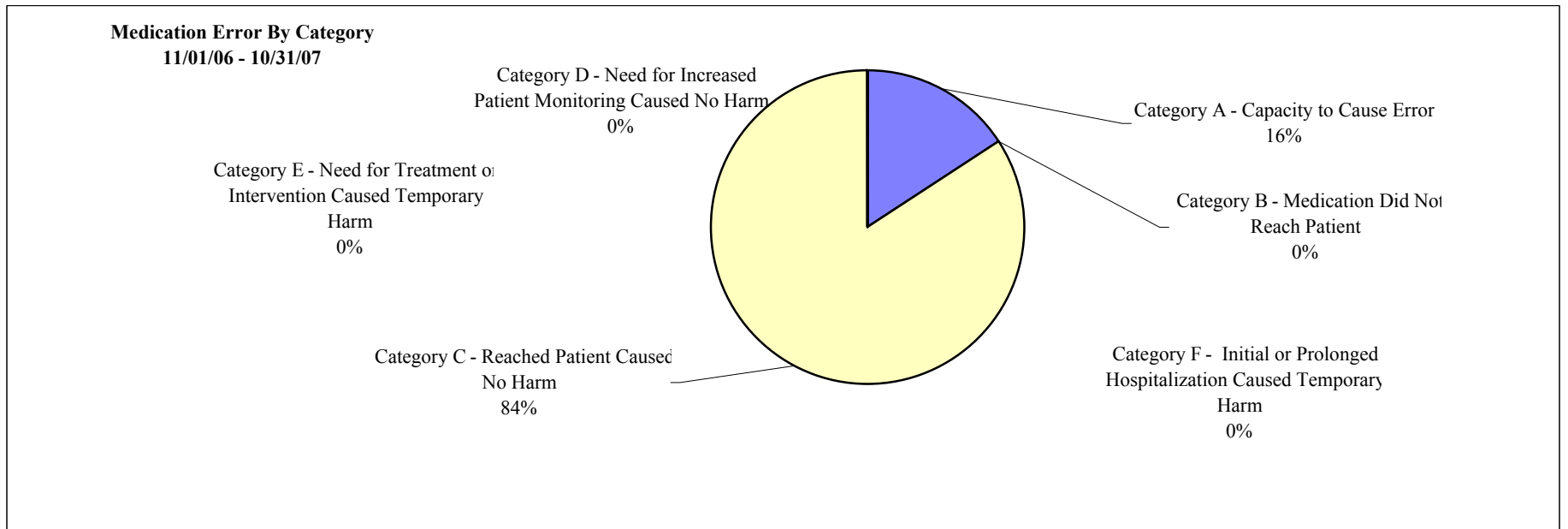
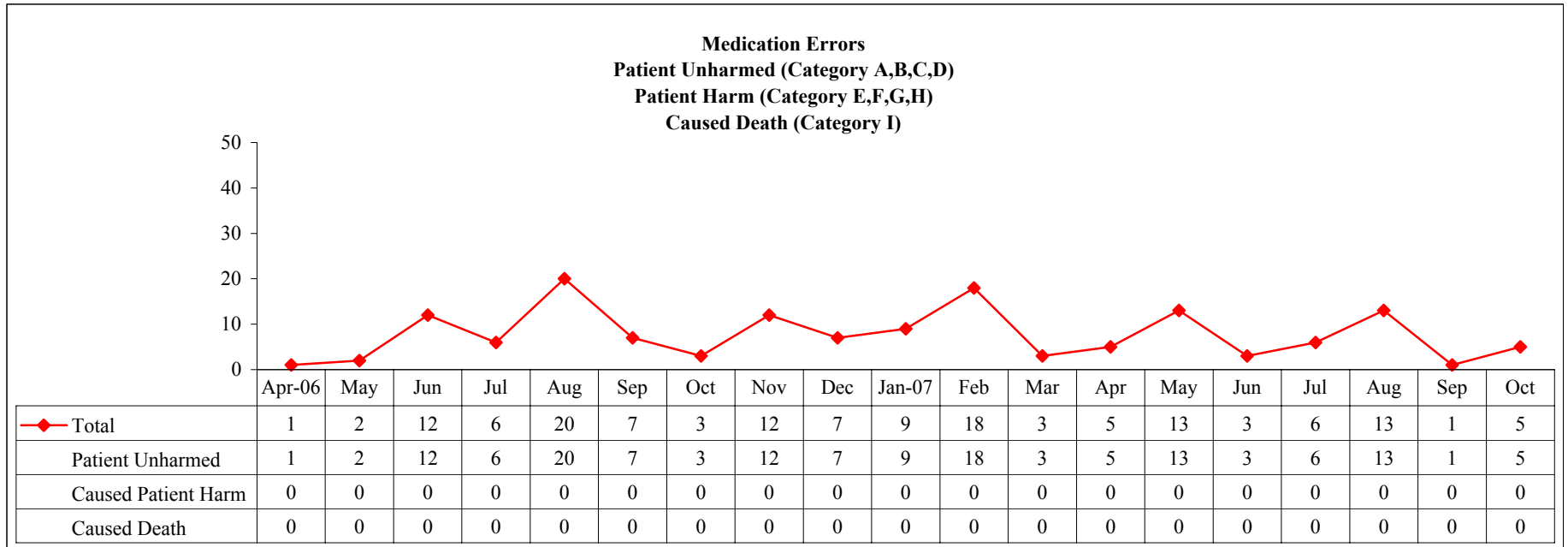
Objective 4A - Medication Variance Data
Kerrville State Hospital



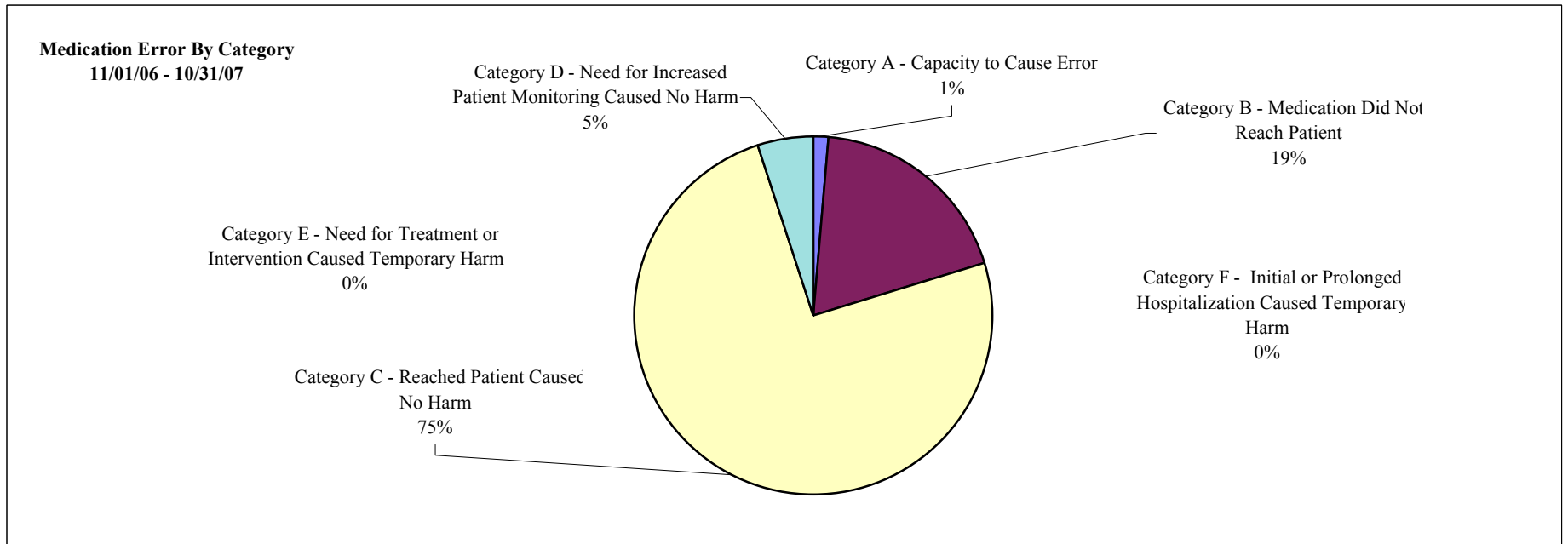
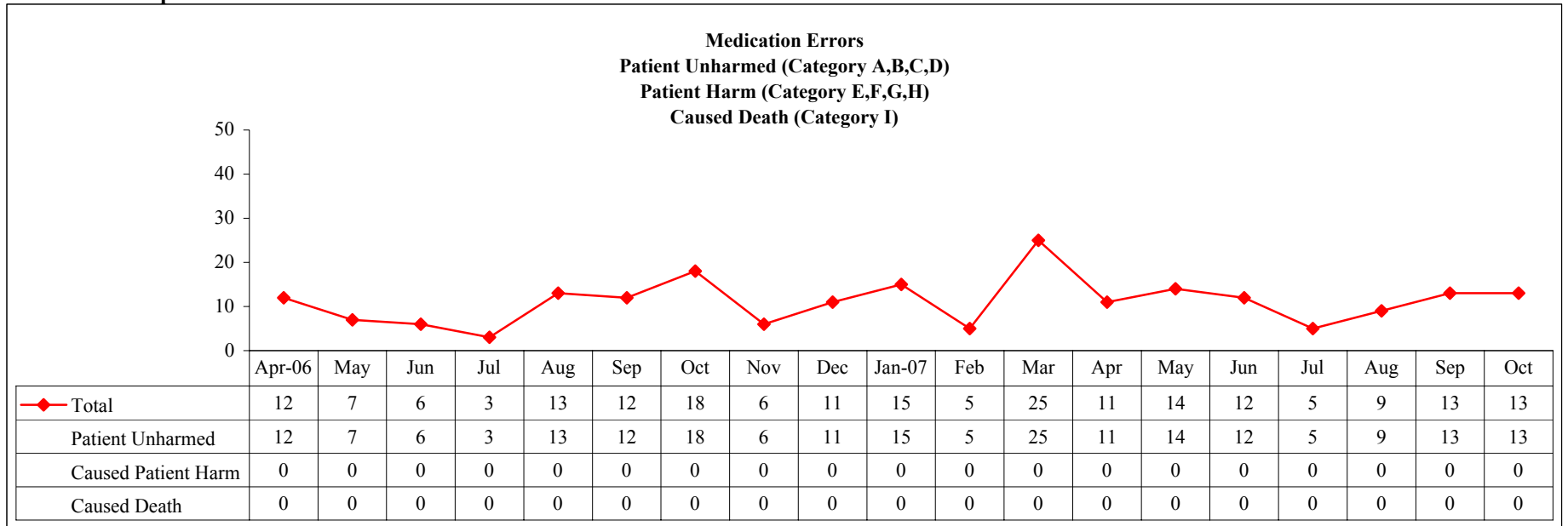
Objective 4A - Medication Variance Data
North Texas State Hospital



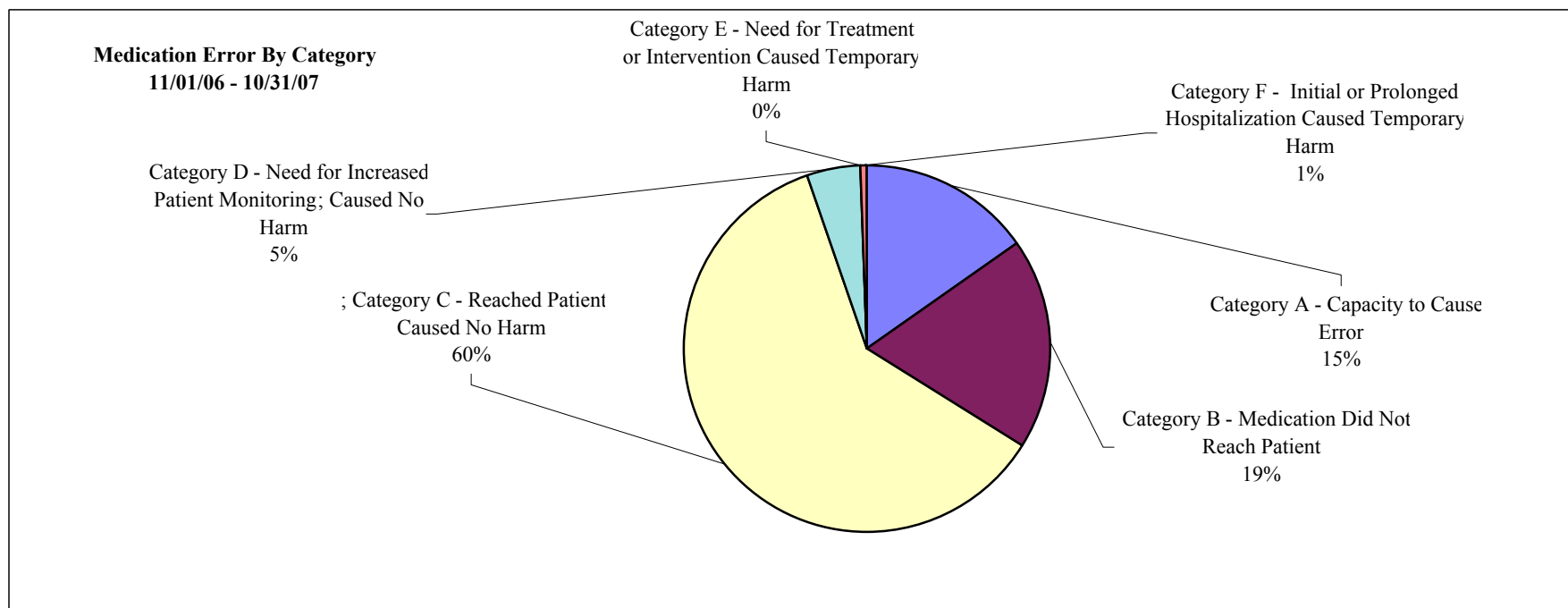
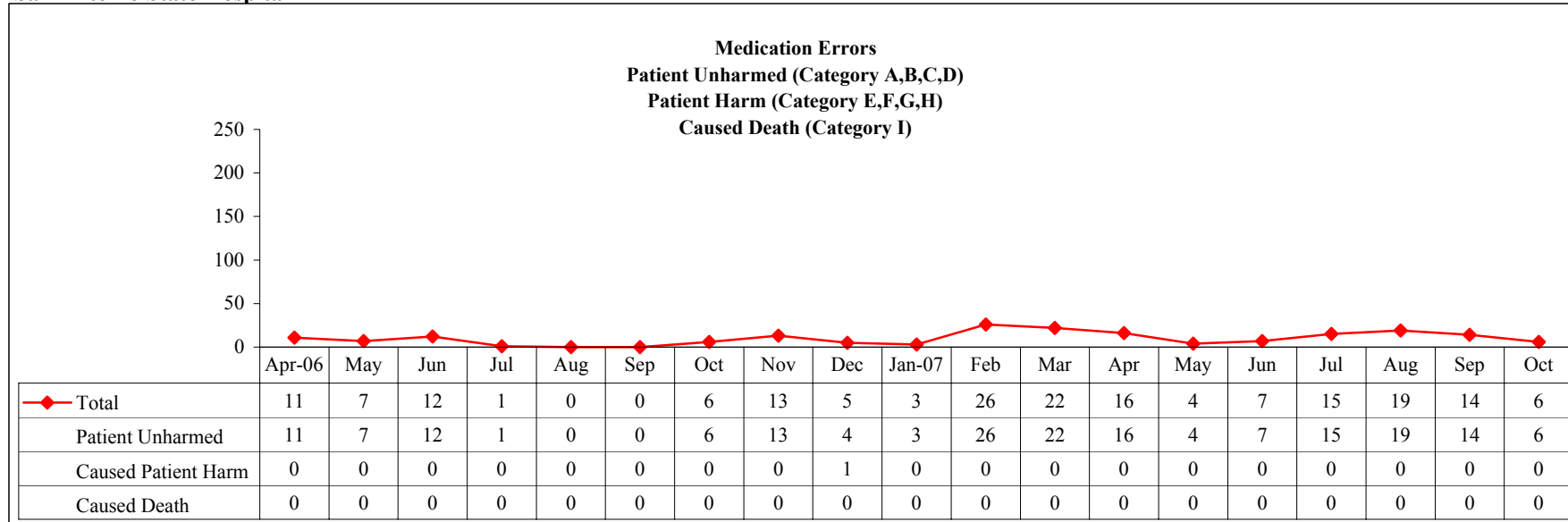
Objective 4A - Medication Variance Data
Rio Grande State Center



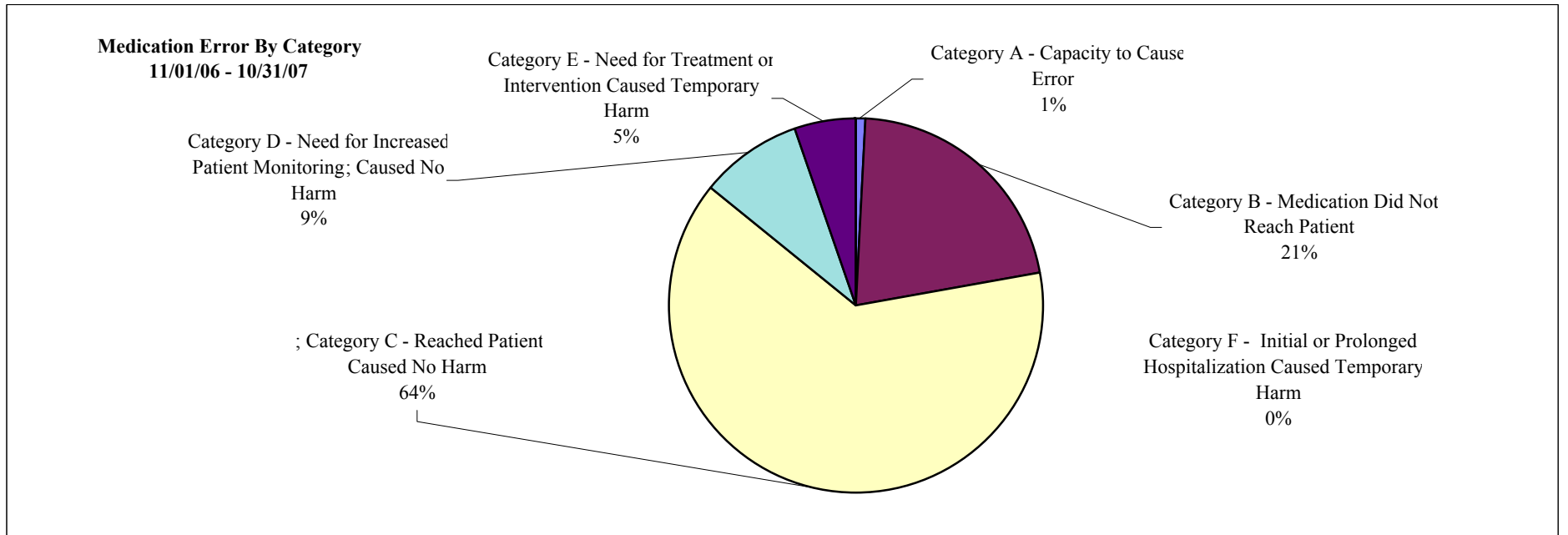
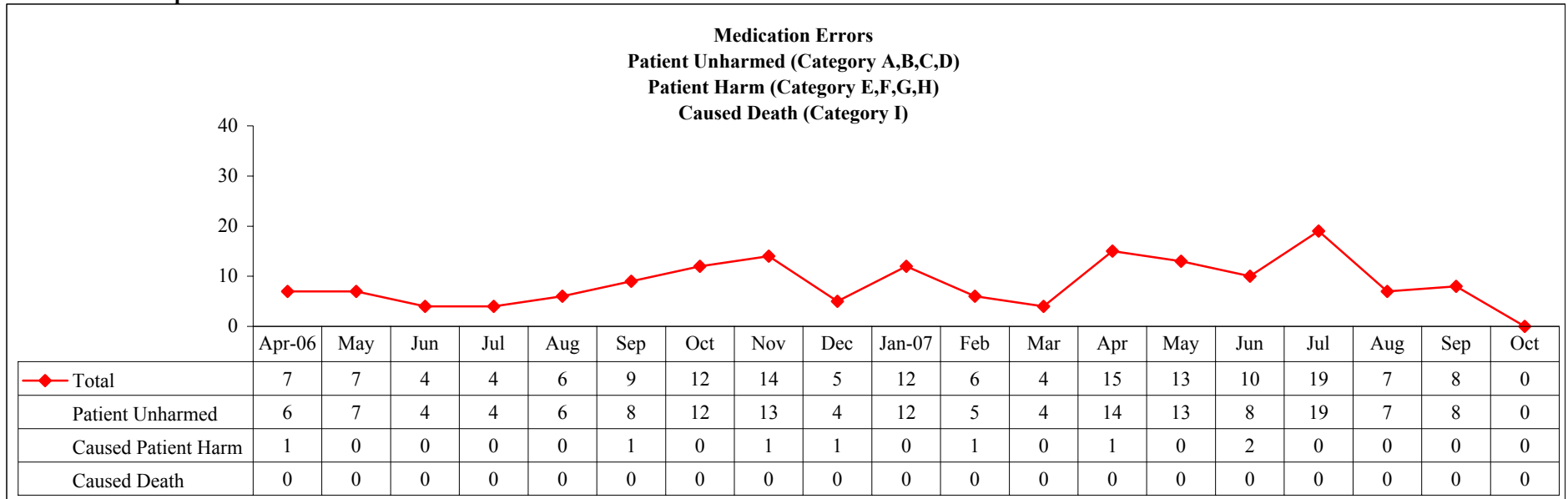
Objective 4A - Medication Variance Data
Rusk State Hospital



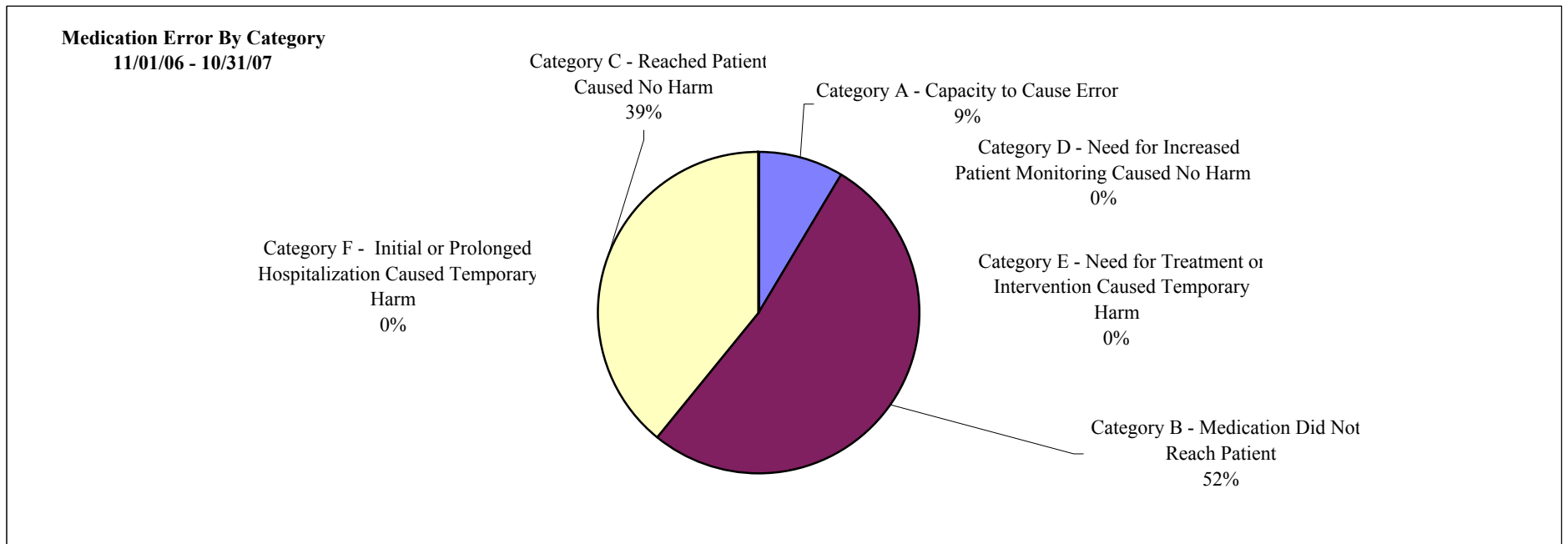
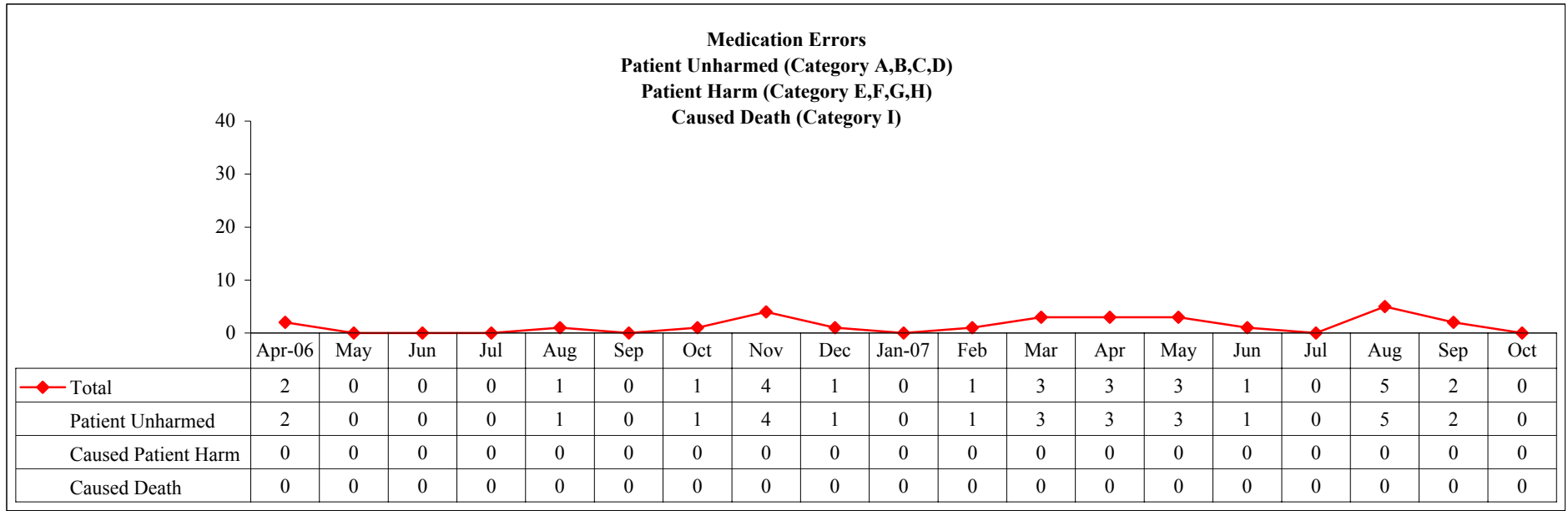
Objective 4A - Medication Variance Data
San Antonio State Hospital



Objective 4A - Medication Variance Data
Terrell State Hospital



Objective 4A - Medication Variance Data
Waco Center for Youth



Performance Measure 4A:

The number of patients receiving new generation atypical antipsychotic medication will be measured.

Performance Measure Operational Definition: The hospital count of patients who receive new generation medications (risperidone, clozapine, olanzapine, quetiapine, ziprasidone and aripiprazole).

Performance Measure Formula: $R = (N/D)$

R = rate of persons served receiving new generation medications per FY month

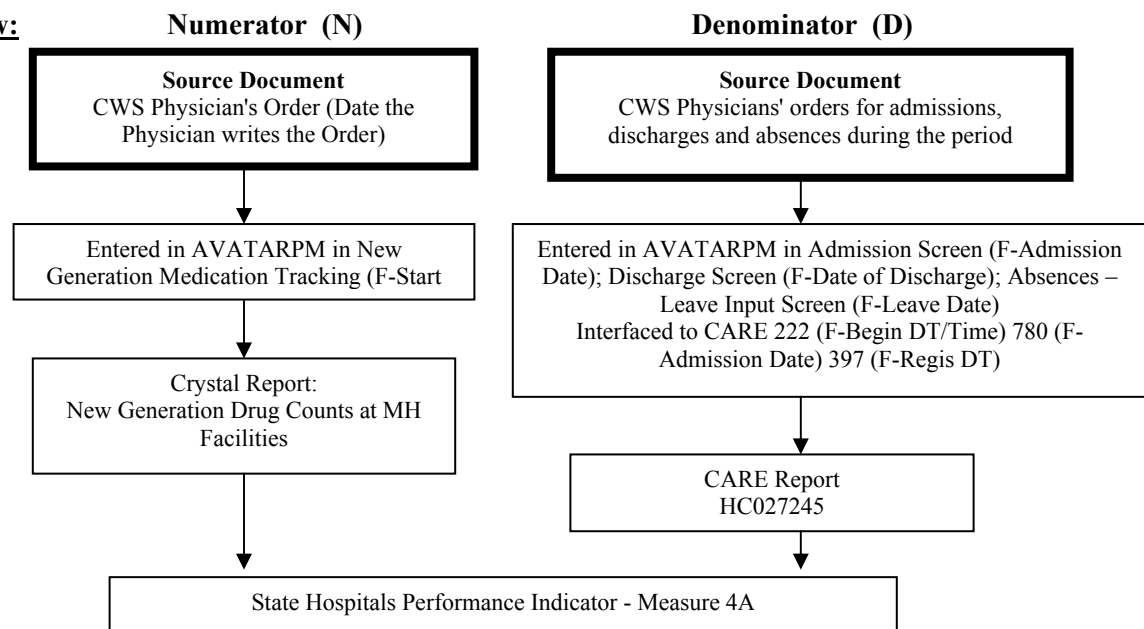
N = patients receiving new generation medications

D = unduplicated person's receiving mental health services

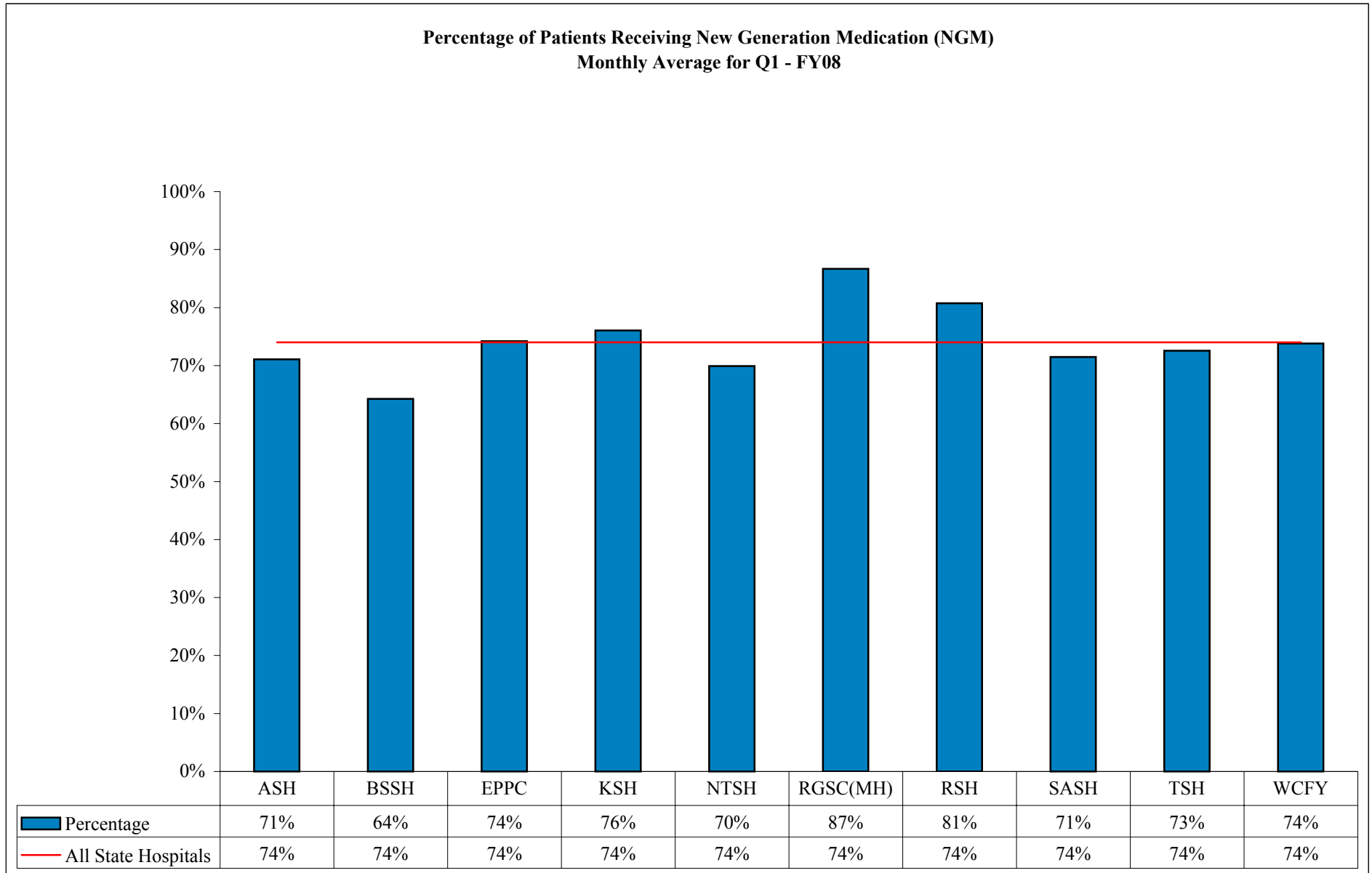
Performance Measure Data Display and Chart Description:

- ◆ Chart of quarterly percentage of patients receiving new generation medication for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of number of patients receiving new generation medication and number of patients served for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of percentage of patients receiving new generation medication for individual state hospitals and system-wide.

Data Flow:

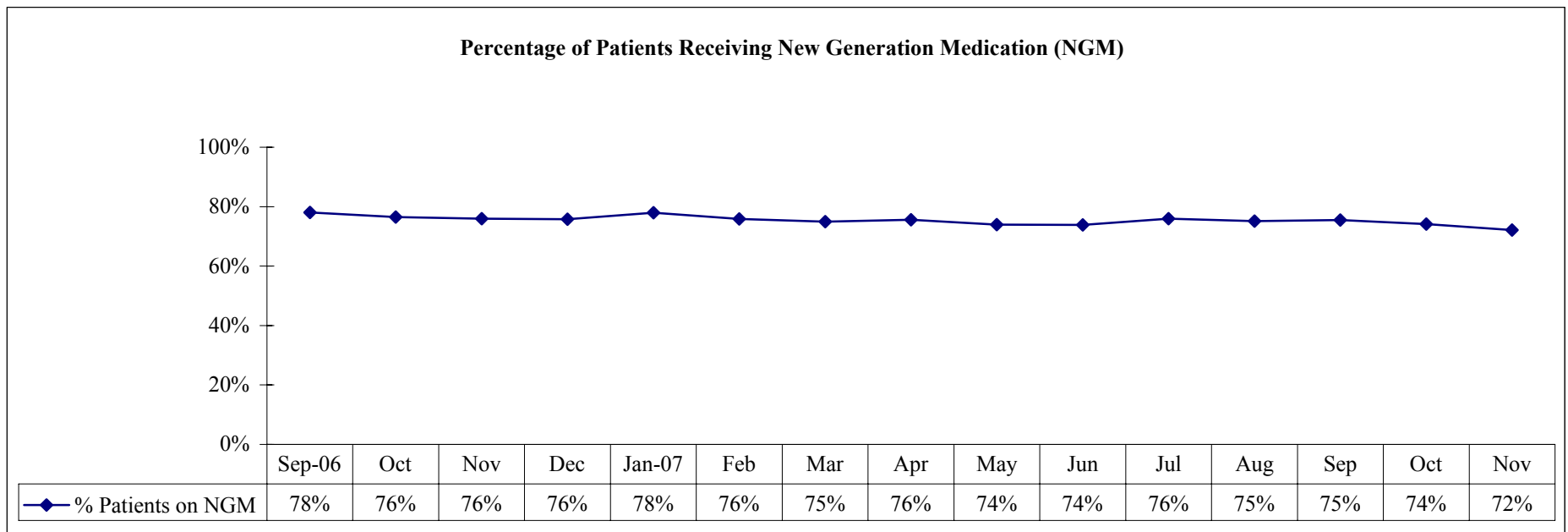
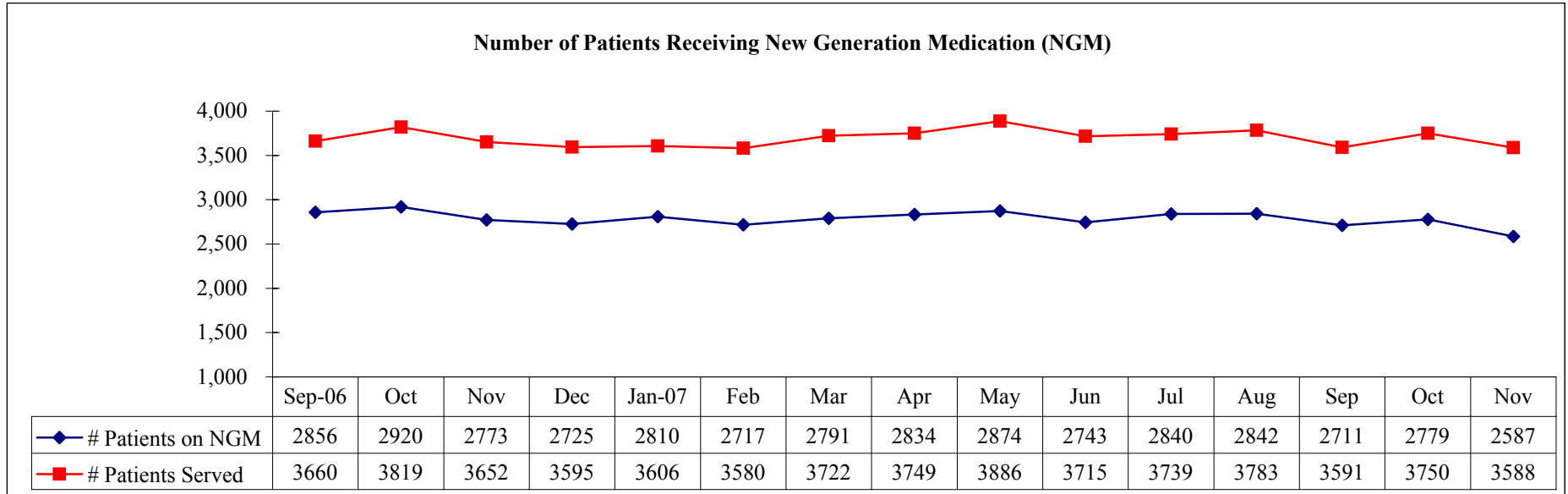


Measure 4A - Patients Receiving New Generation Medication (NGM)
All State Hospitals



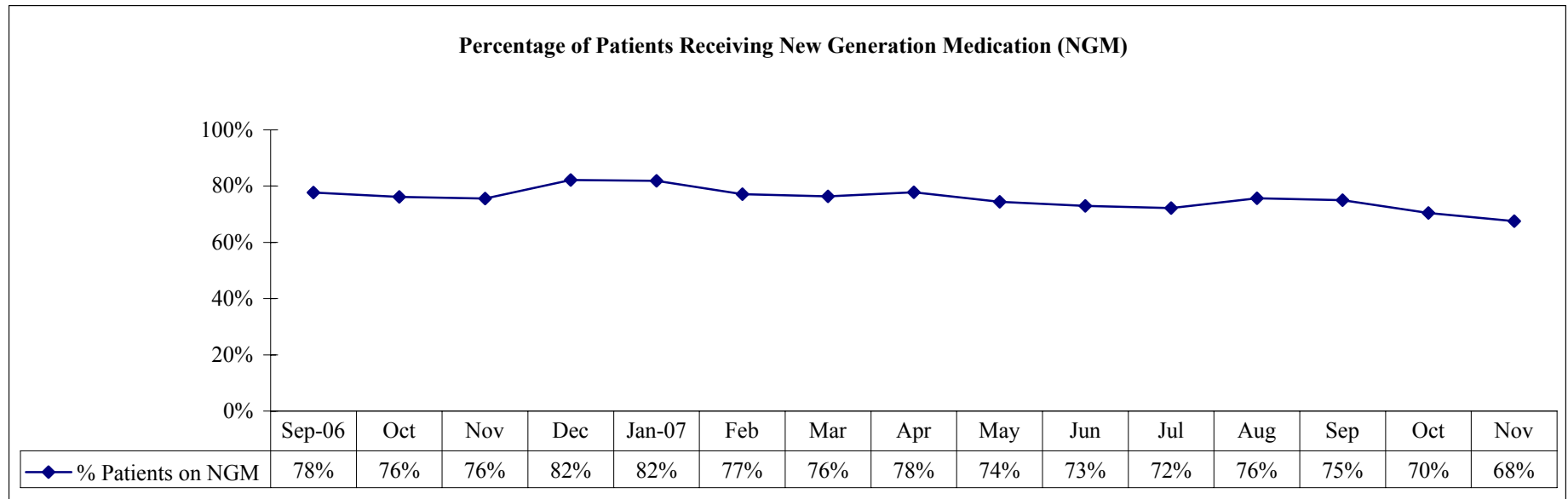
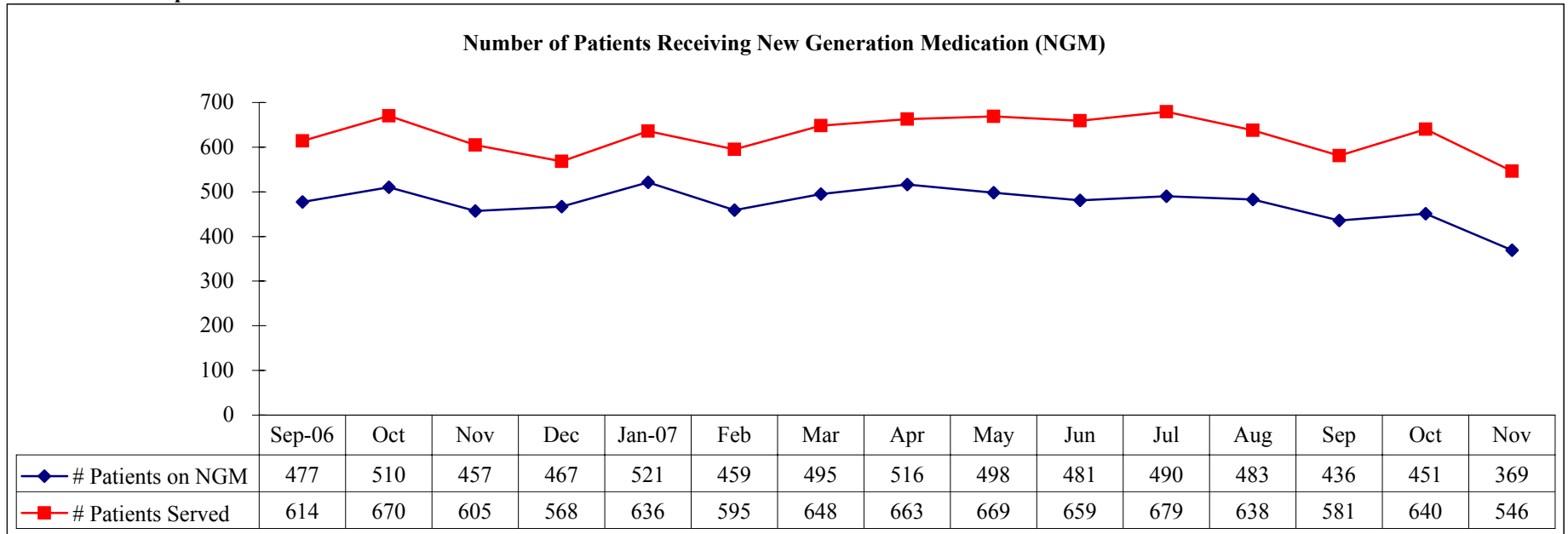
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
All State Hospitals



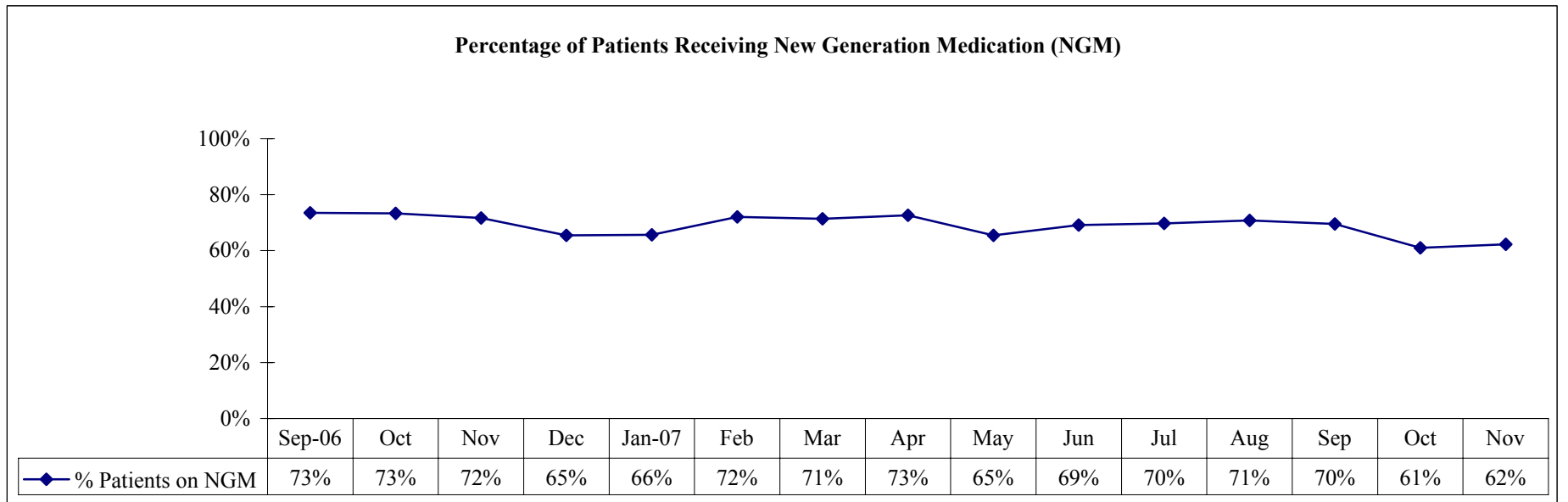
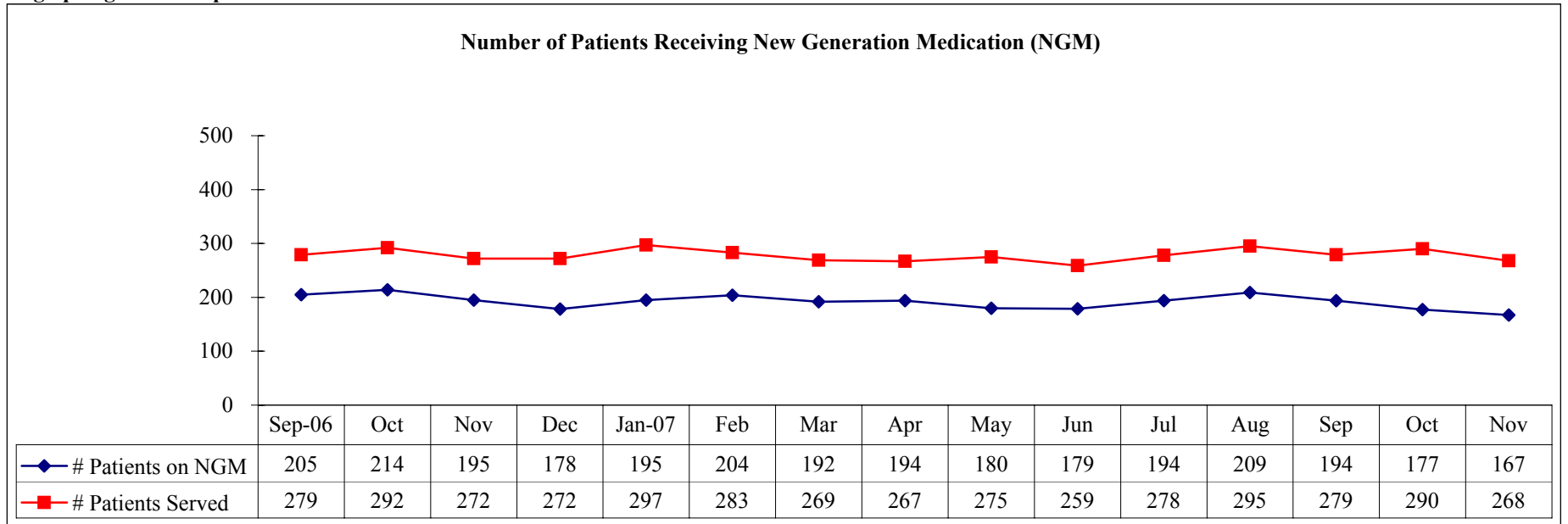
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Austin State Hospital



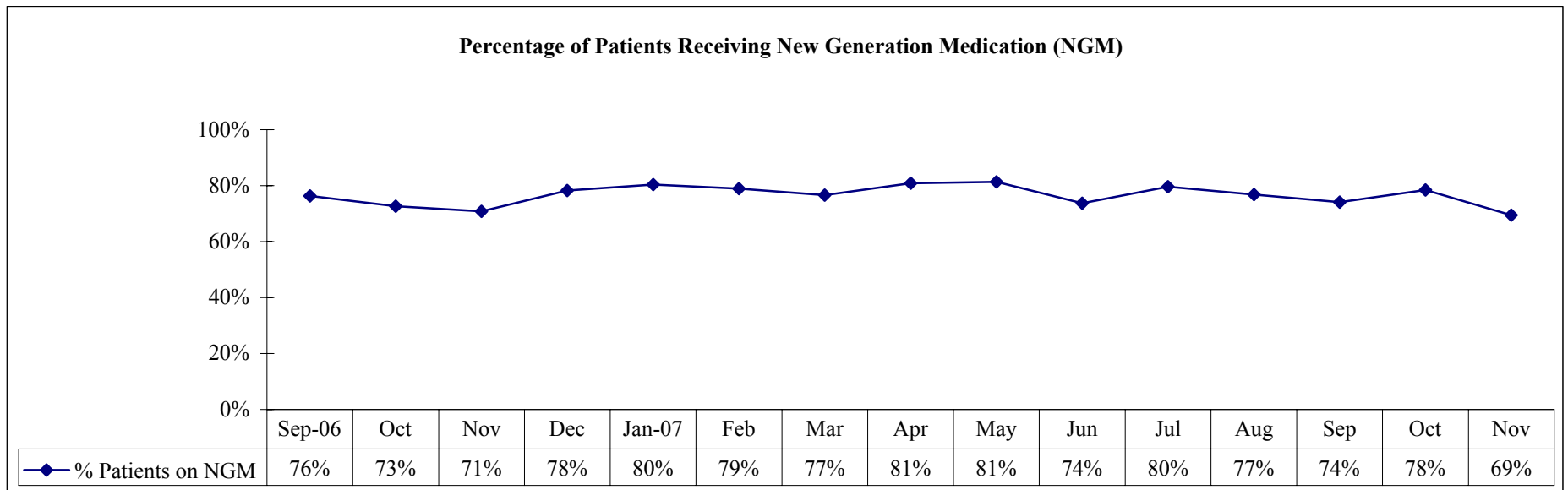
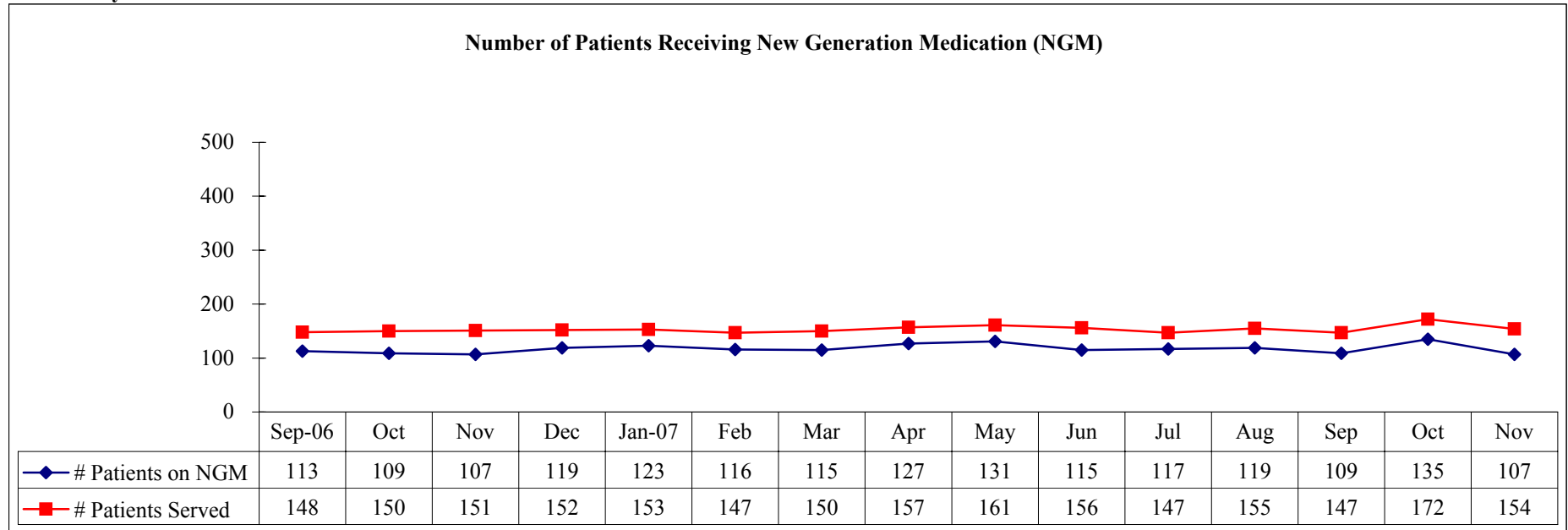
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Big Spring State Hospital



Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

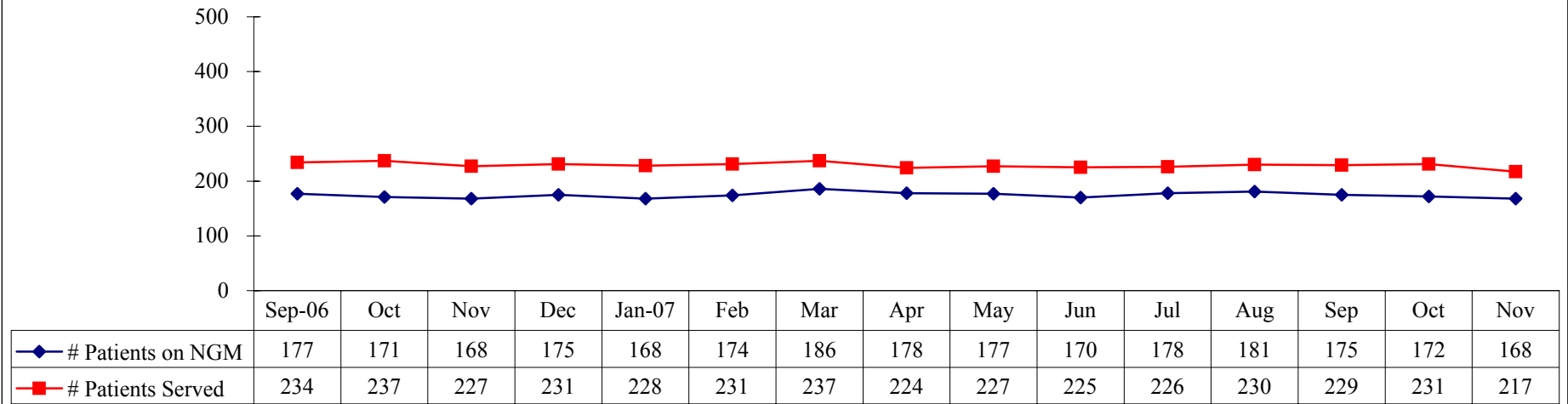
Measure 4A - Patients Receiving New Generation Medication (NGM)
El Paso Psychiatric Center



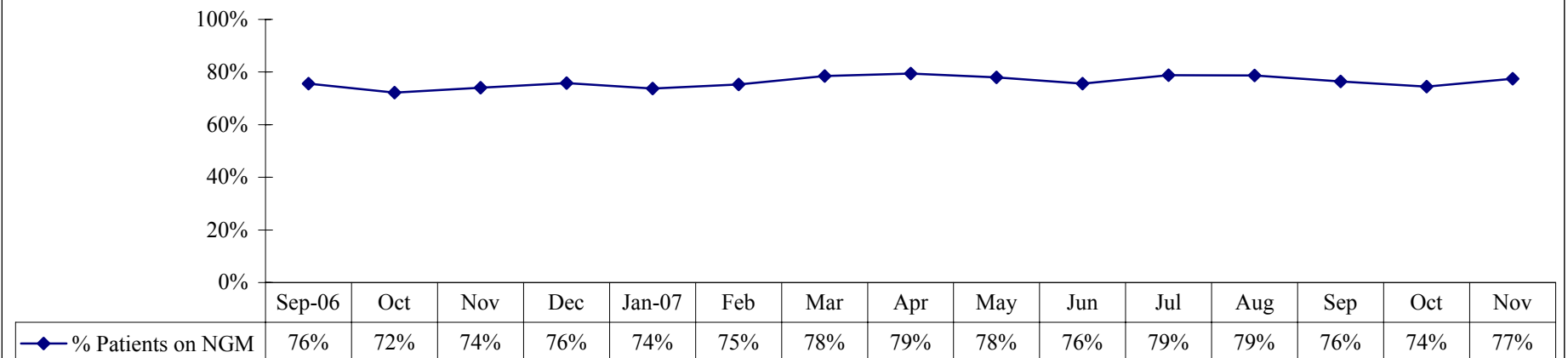
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Kerrville State Hospital

Number of Patients Receiving New Generation Medication (NGM)

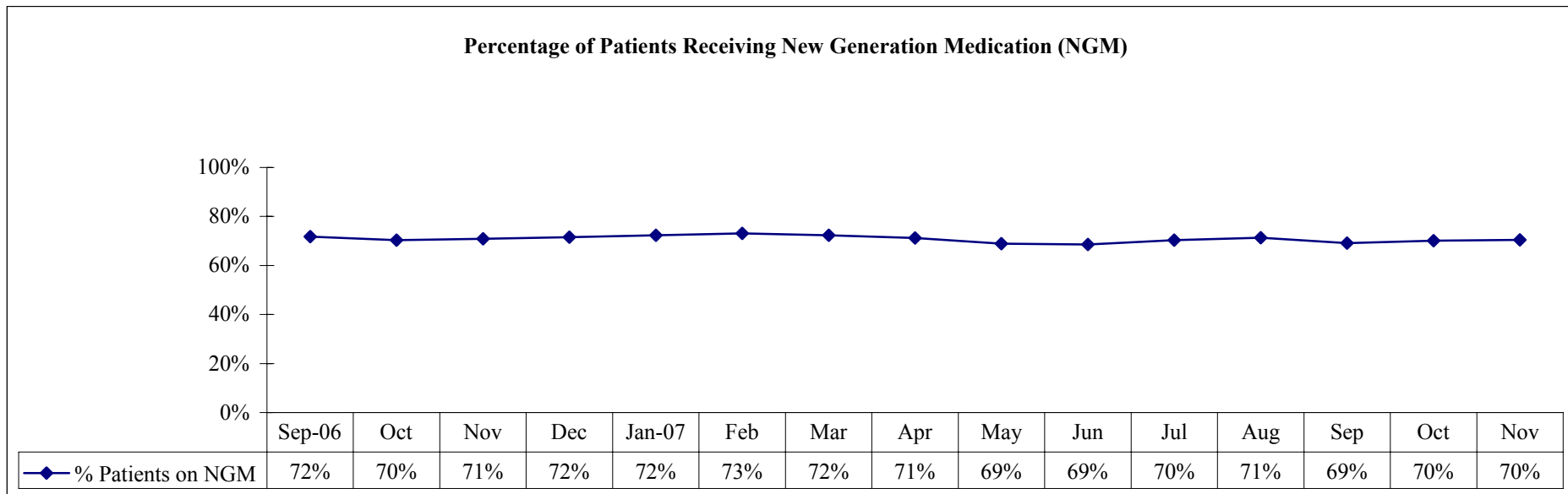
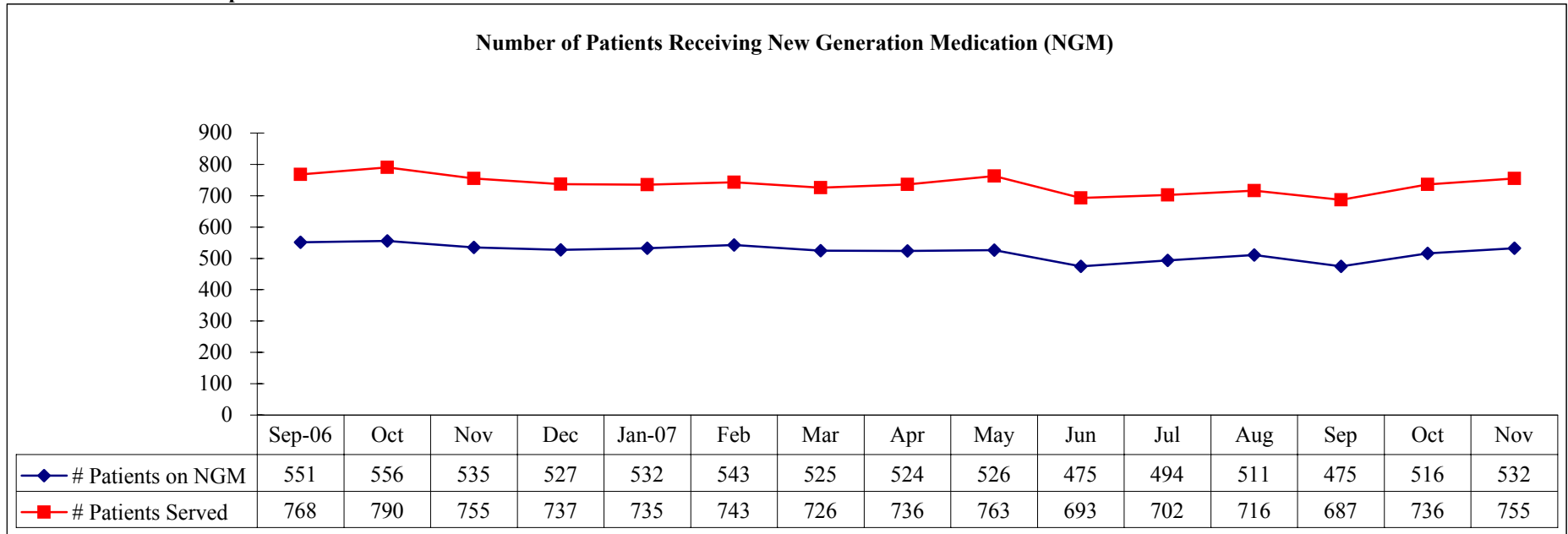


Percentage of Patients Receiving New Generation Medication (NGM)



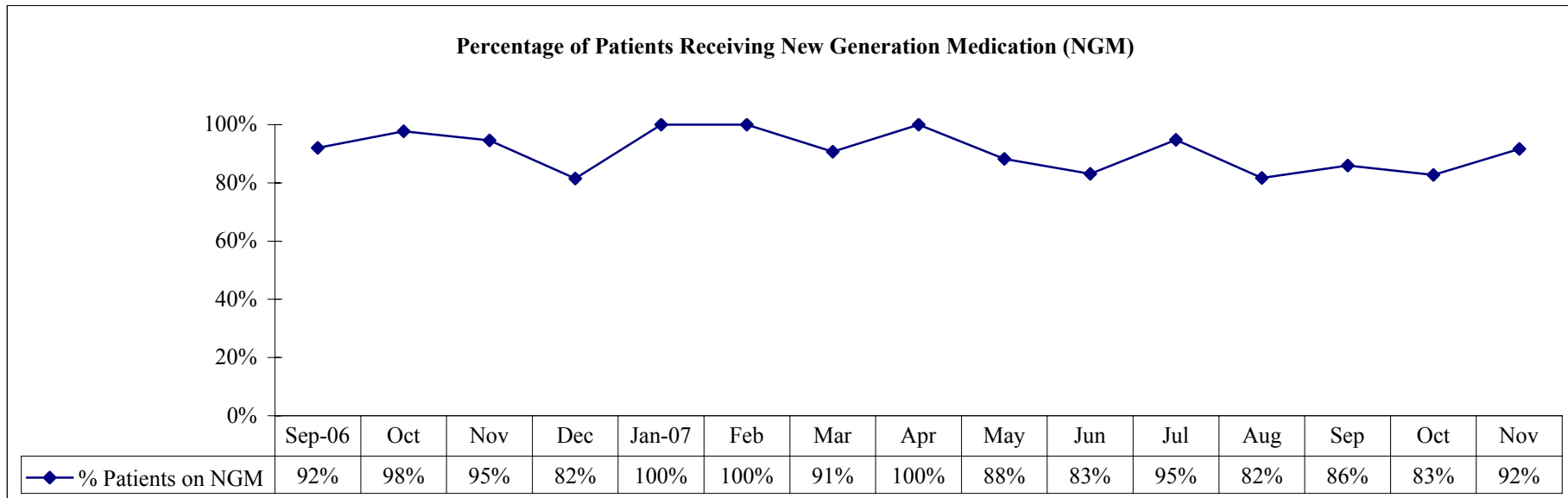
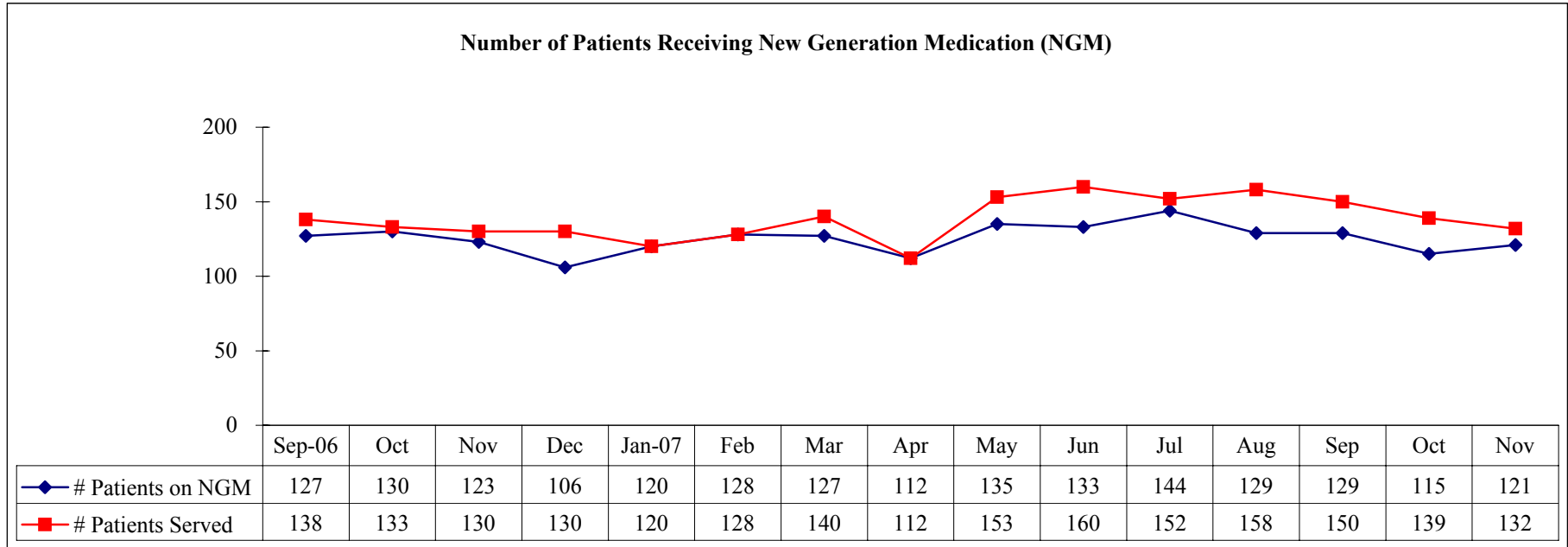
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
North Texas State Hospital



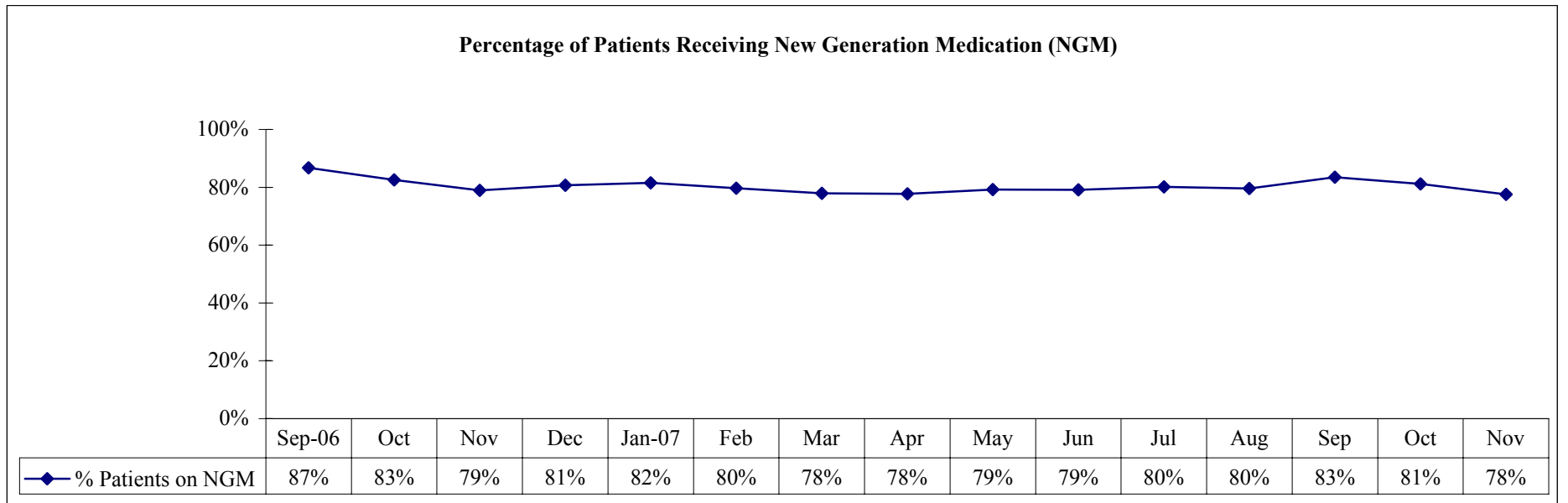
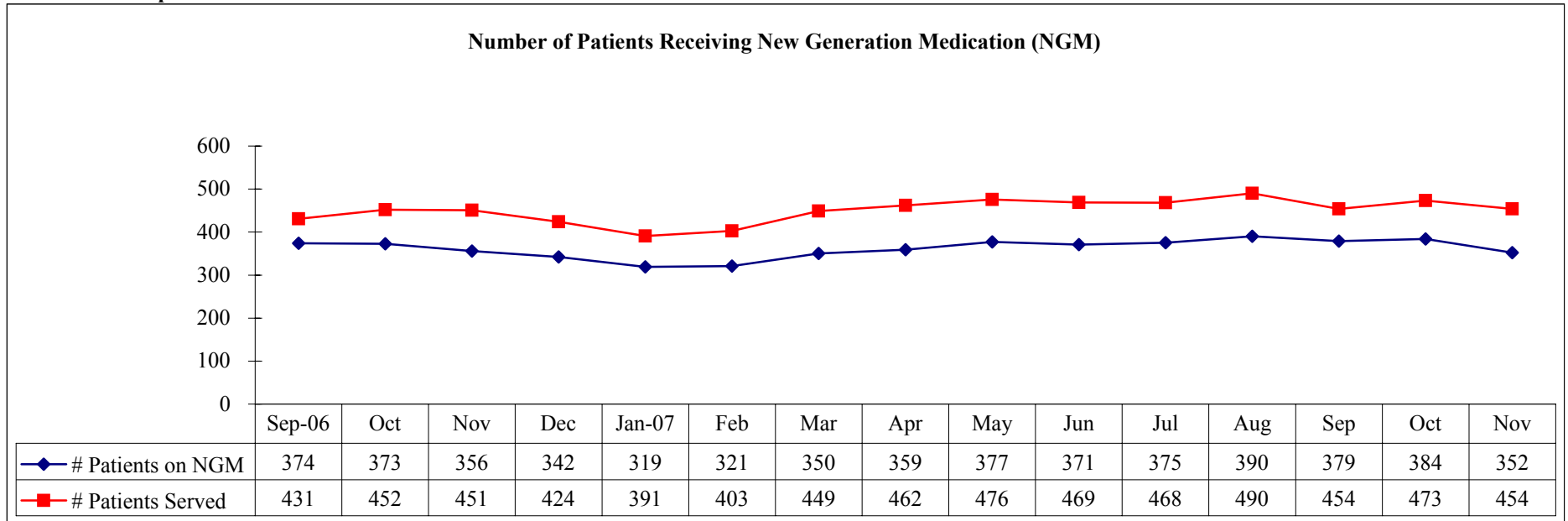
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Rio Grande State Center



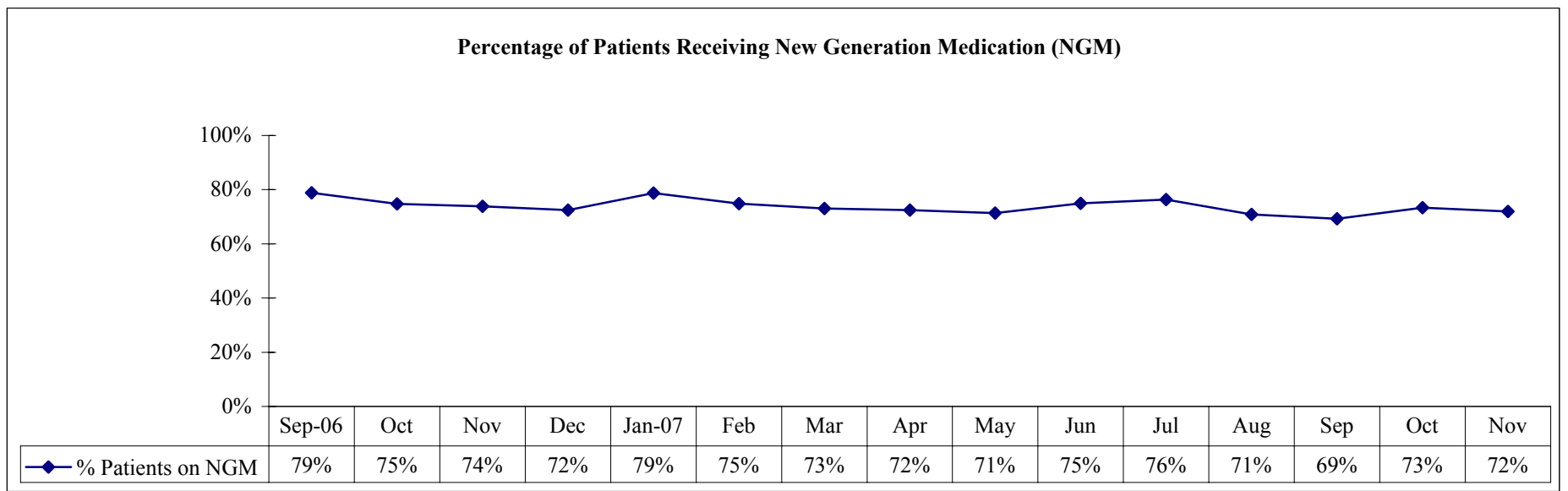
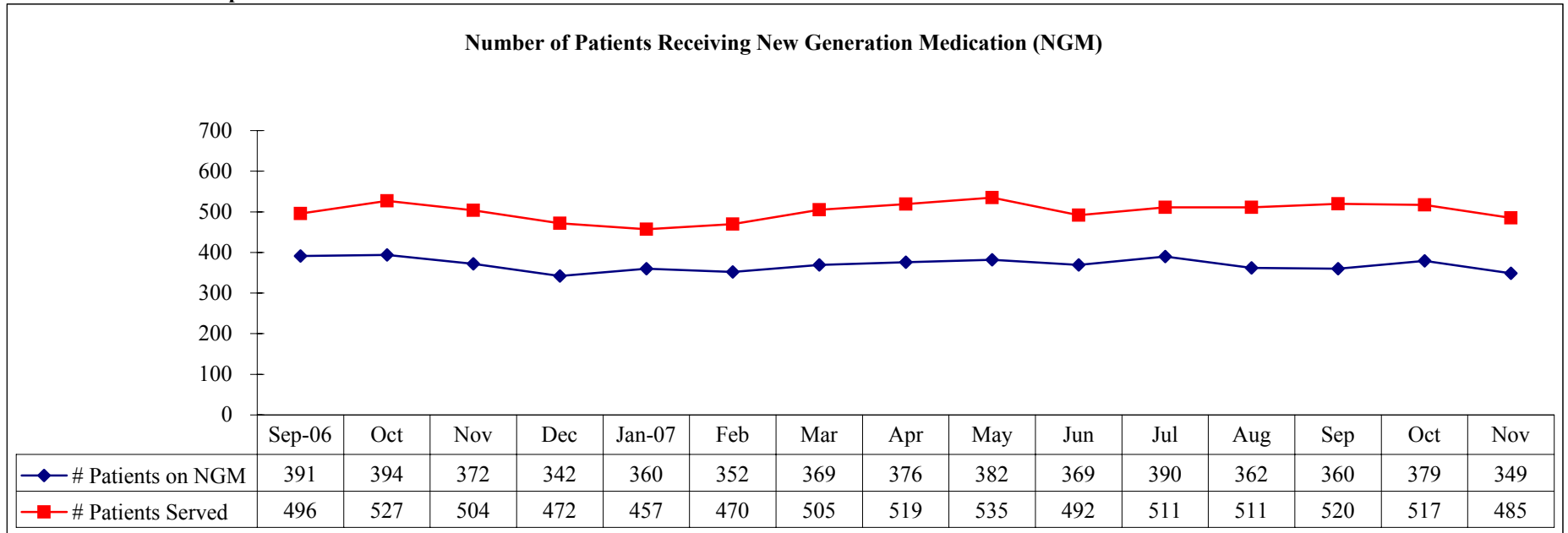
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Rusk State Hospital



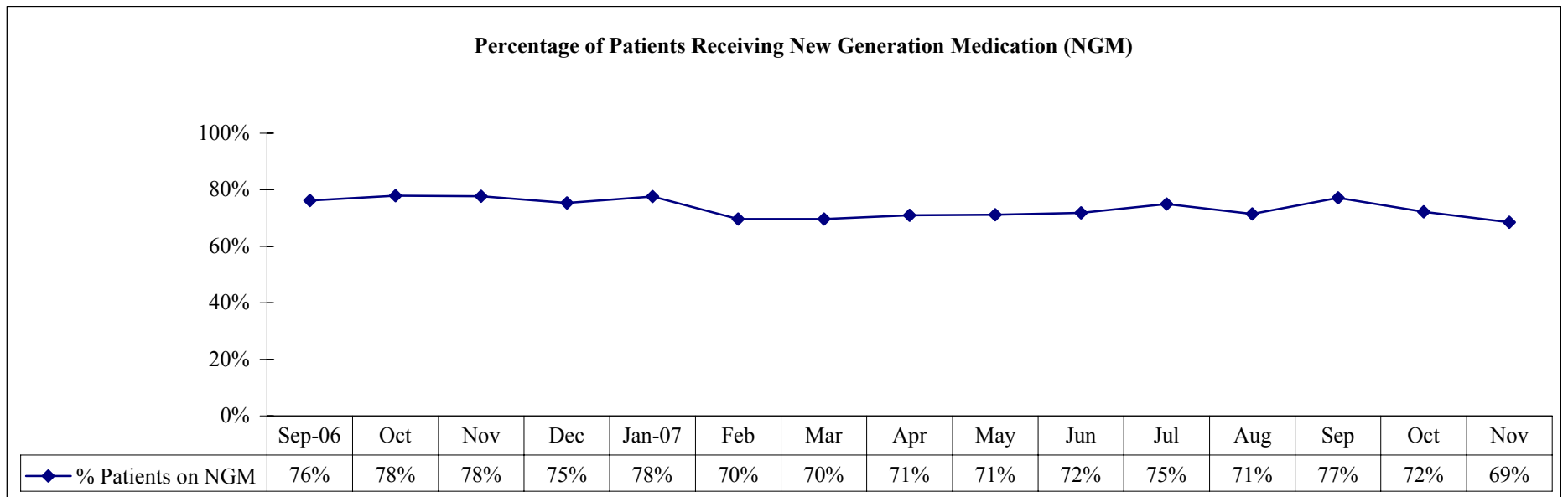
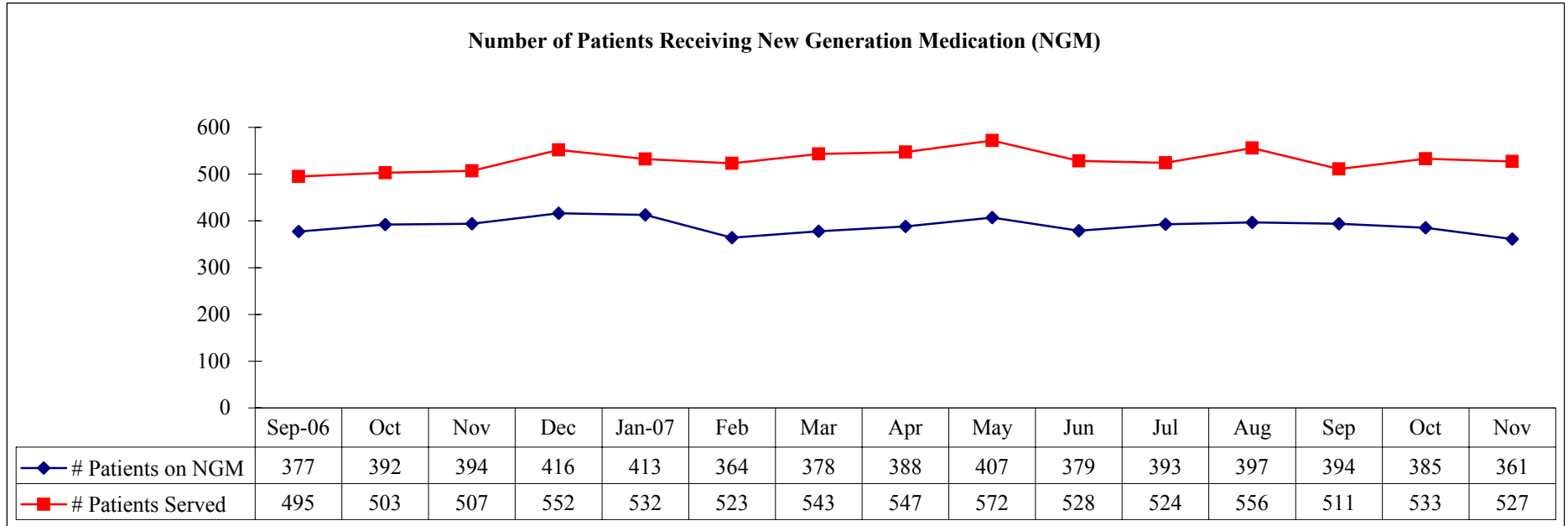
Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
San Antonio State Hospital



Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)
Terrell State Hospital

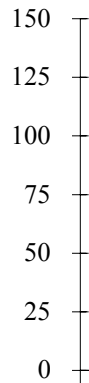


Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
 Counts of Persons Receiving MH Services (HC027245)

Measure 4A - Patients Receiving New Generation Medication (NGM)

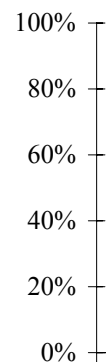
Waco Center for Youth

Number of Patients Receiving New Generation Medication (NGM)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ # Patients on NGM	64	71	66	53	59	56	54	60	61	71	65	61	60	65	61
■ # Patients Served	87	92	92	85	88	90	88	89	97	100	91	88	81	86	85

Percentage of Patients Receiving New Generation Medication (NGM)



	Sep-06	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
◆ % Patients on NGM	74%	77%	72%	62%	67%	62%	61%	67%	63%	71%	71%	69%	74%	76%	72%

Source: New Generation Drug Counts (BHIS Report); HMDS # of Pts on NGM Report
Counts of Persons Receiving MH Services (HC027245)

Performance Measure 4B:

The costs of antipsychotic medications will be tracked and analyzed.

Performance Measure Operational Definition: The state hospitals average monthly cost for medications per patient.

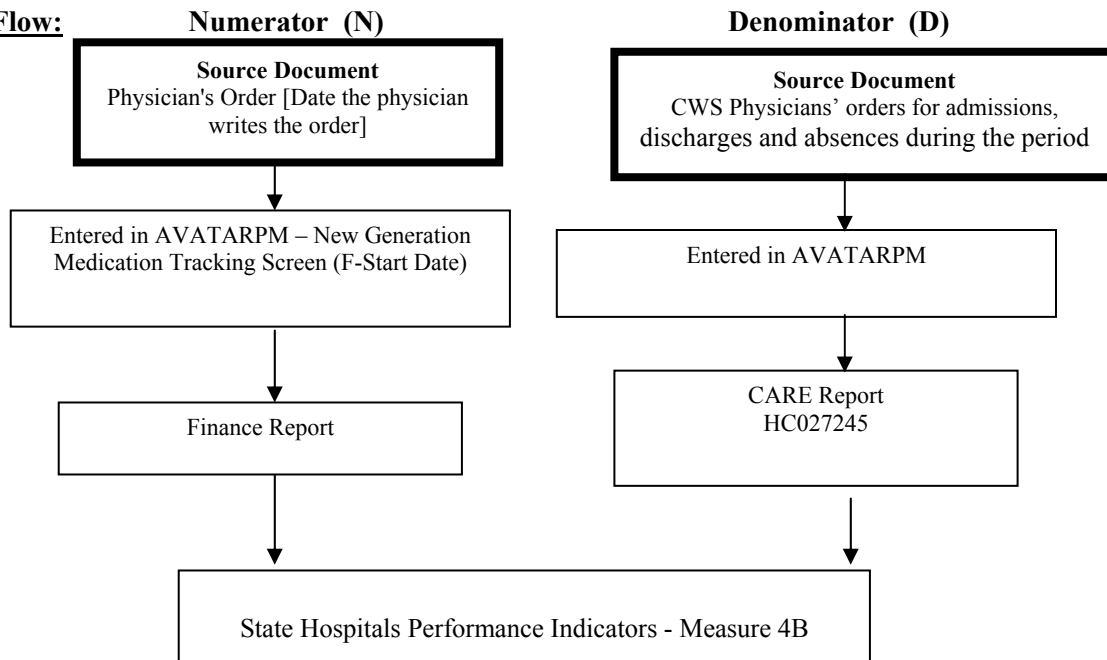
Performance Measure Formula:
$$\frac{N}{D}$$
 (Dollar Amount)
(Unduplicated Persons Served)

N = total dollar amount spent on new generation medications per hospital per month.

D = total number of unduplicated persons served per hospital per month.

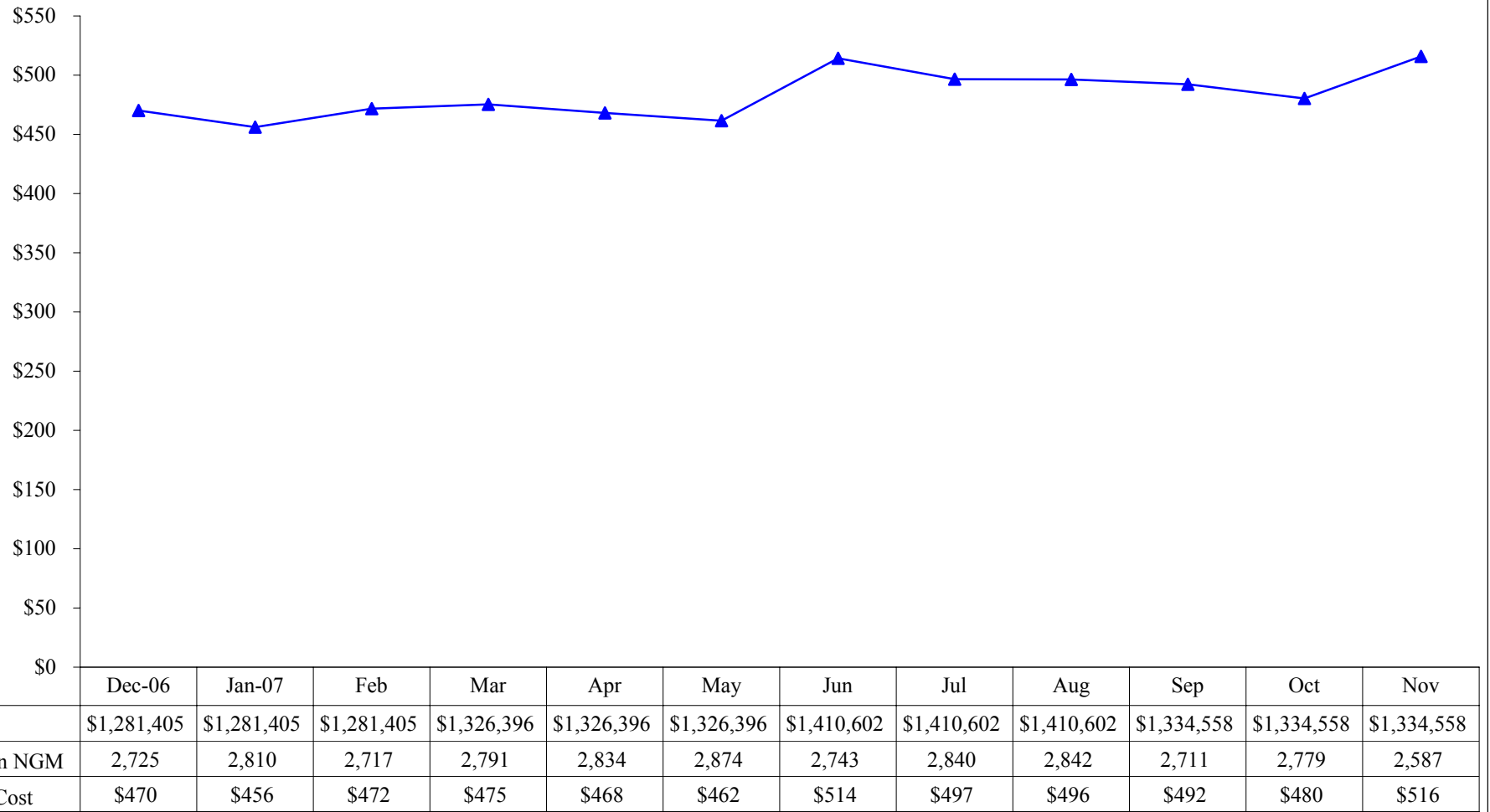
Performance Measure Data Display and Chart Description:

Data Flow:



Measure 4B - Cost of Antipsychotic Medications
All State Hospitals

Average Cost of Antipsychotic Medications per Patient per Month

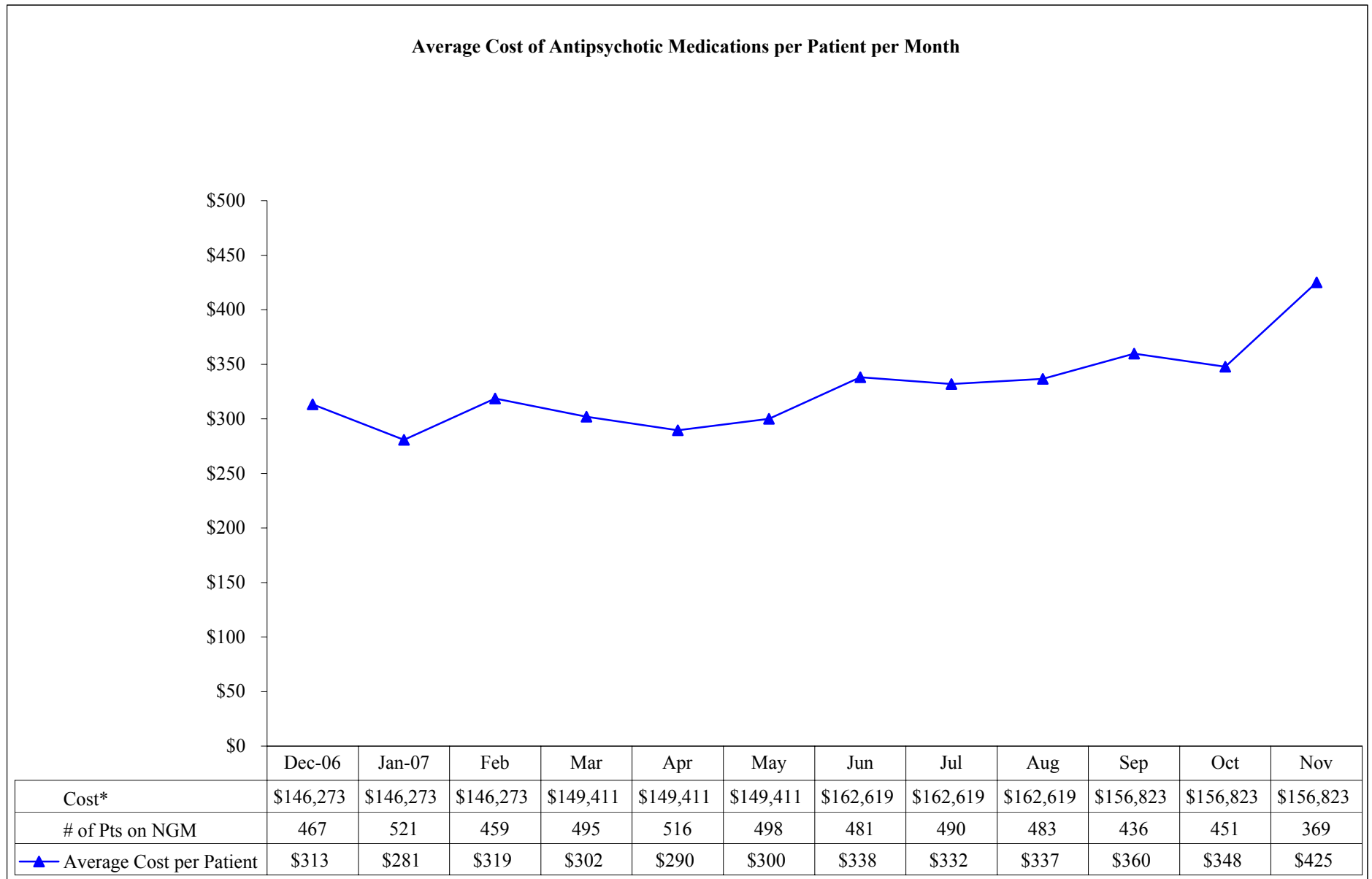


* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

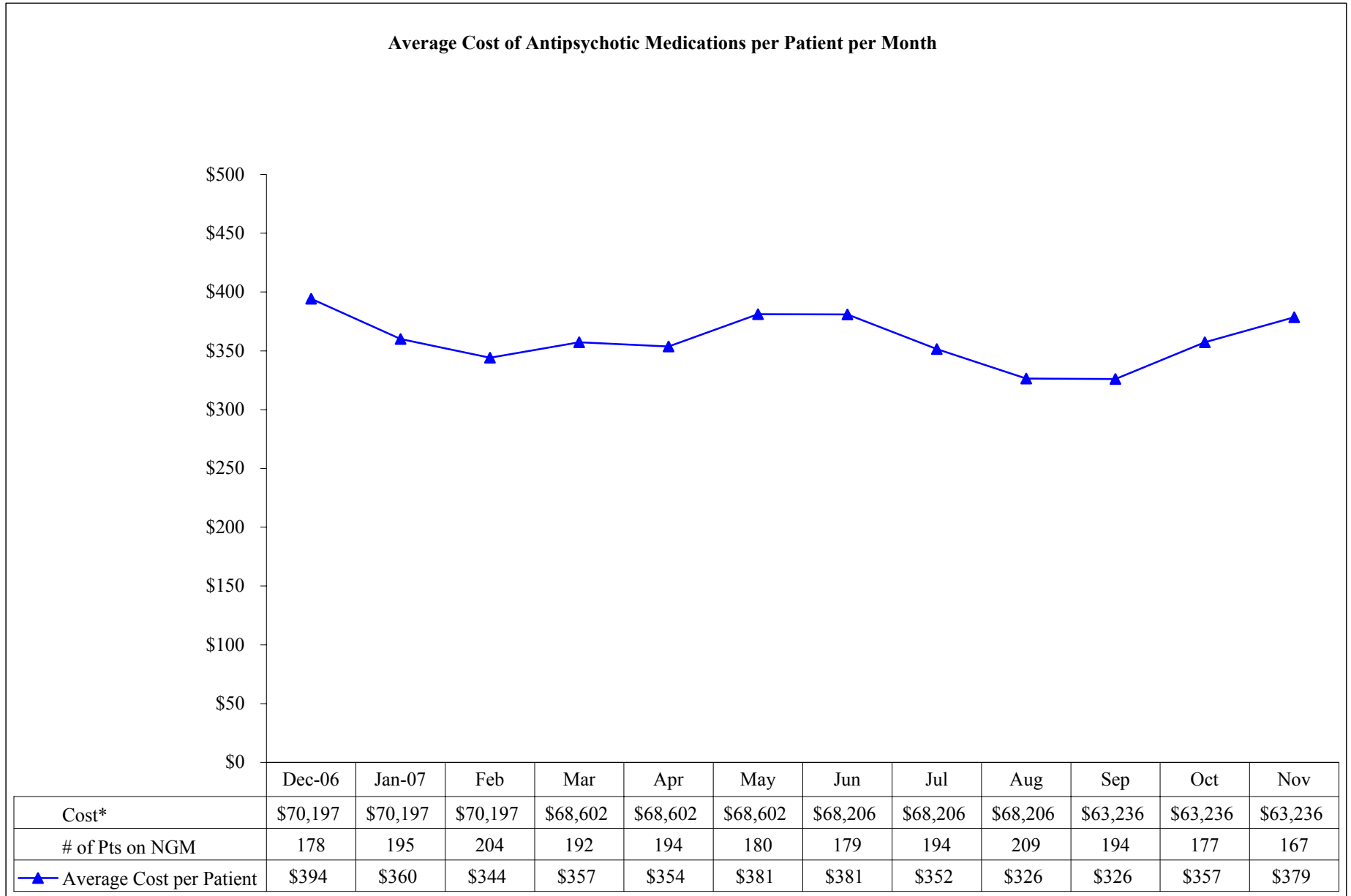
Measure 4B - Cost of Antipsychotic Medications
Austin State Hospital



* Average Monthly Cost per Quarter

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

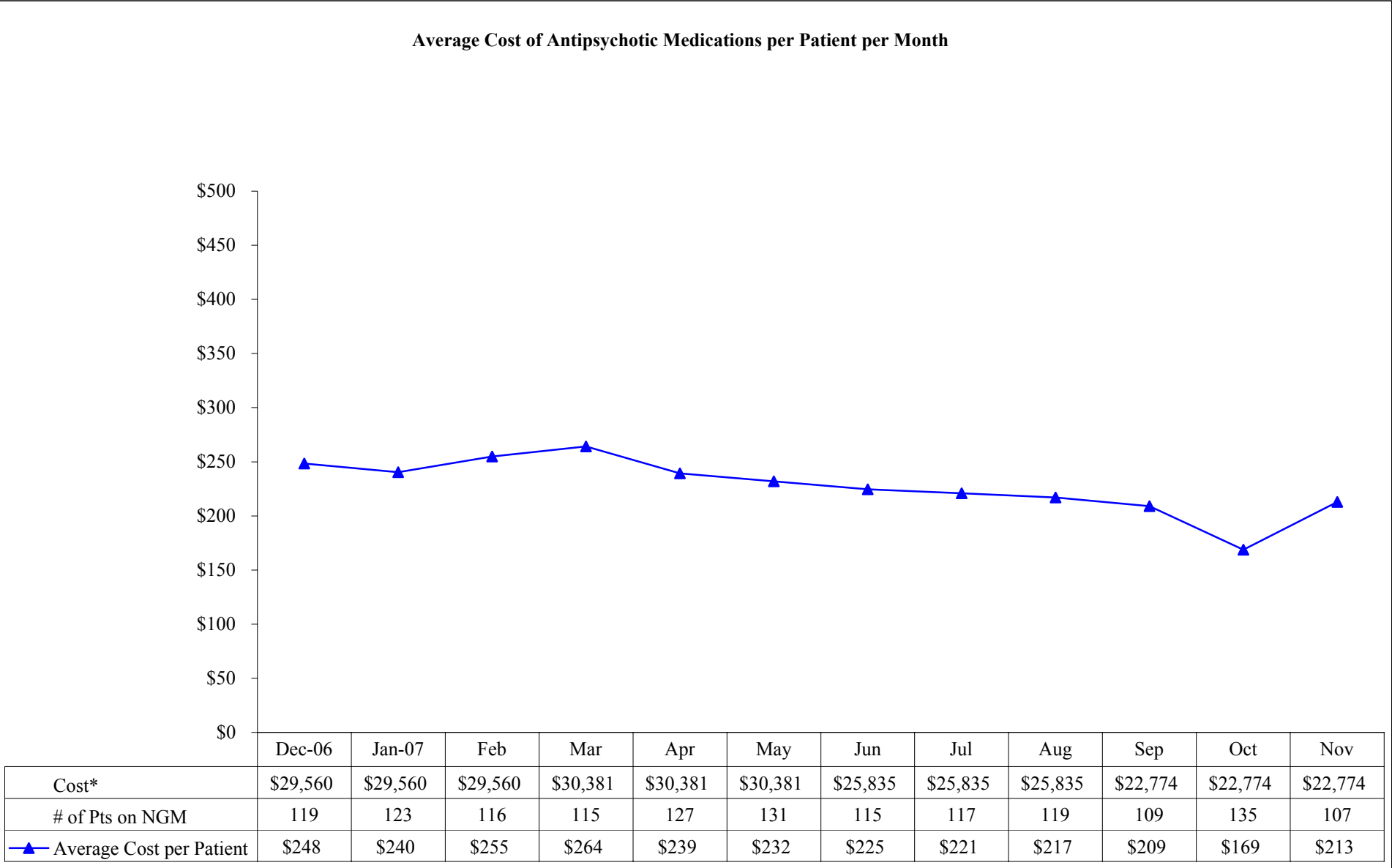
Measure 4B - Cost of Antipsychotic Medications
Big Spring State Hospital



* Average Monthly Cost per Quarter
 Chart: Hospital Management Data Services

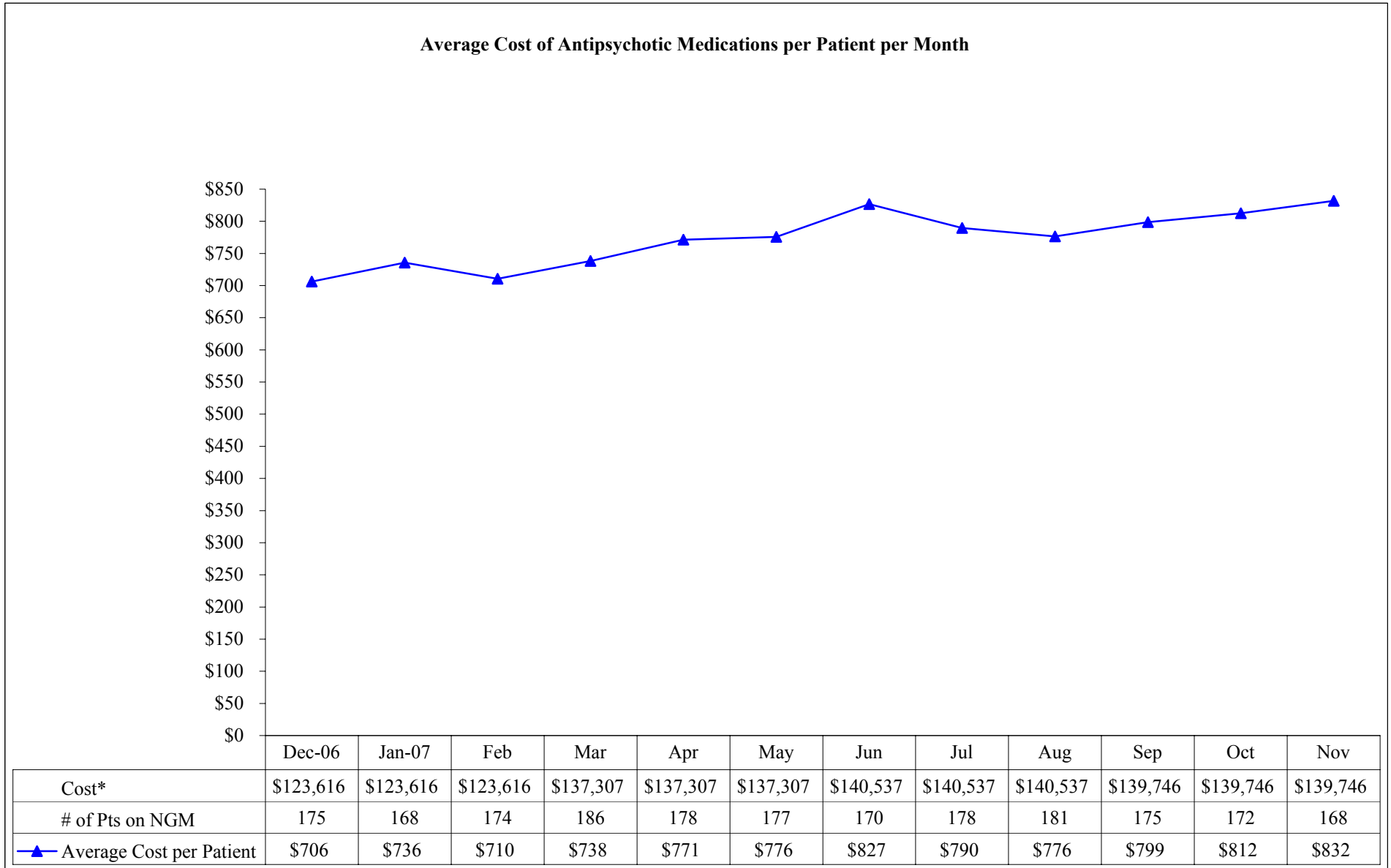
Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

Measure 4B - Cost of Antipsychotic Medications
El Paso Psychiatric Center



* Average Monthly Cost per Quarter

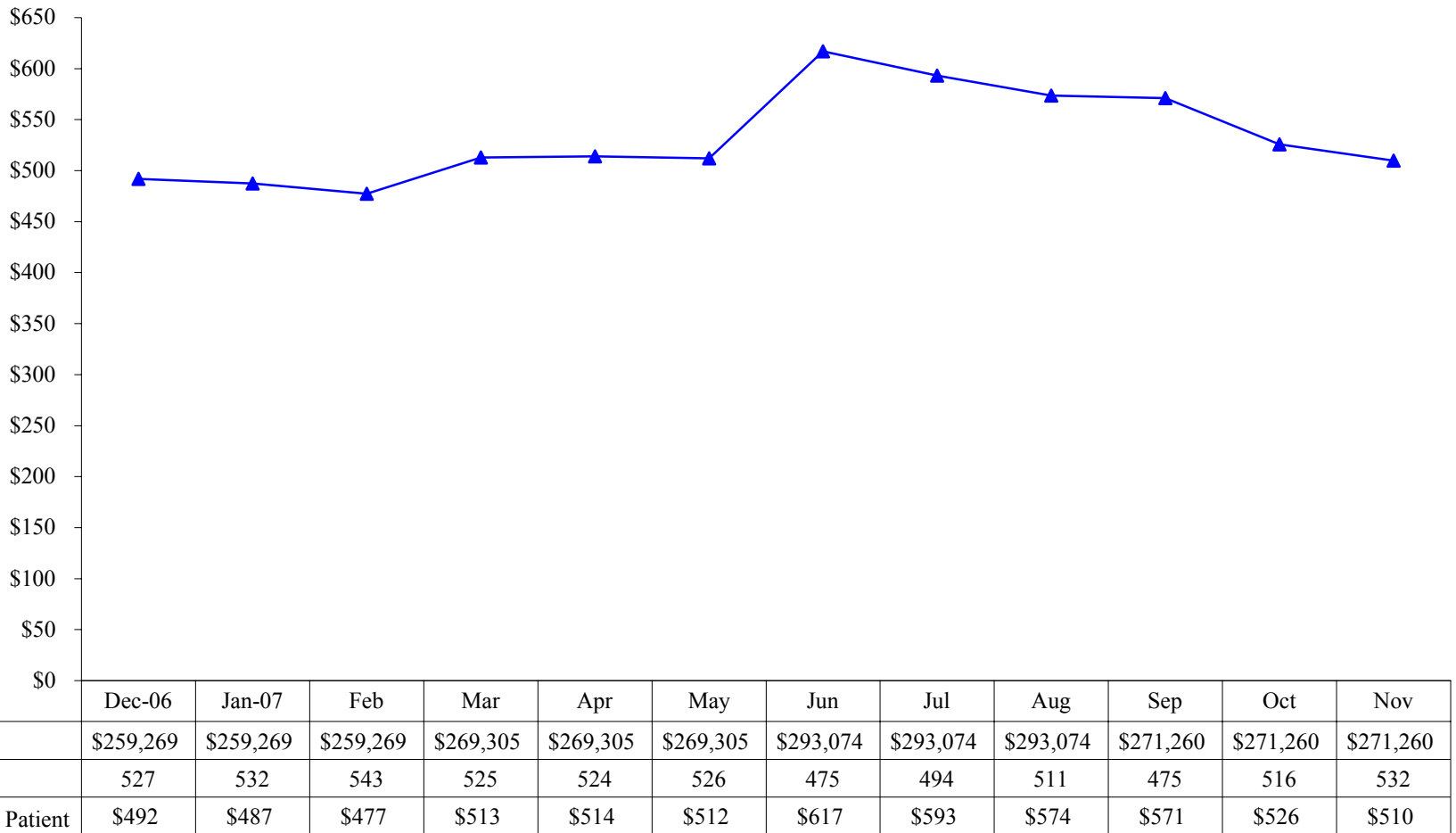
Measure 4B - Cost of Antipsychotic Medications
Kerrville State Hospital



* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
North Texas State Hospital

Average Cost of Antipsychotic Medications per Patient per Month

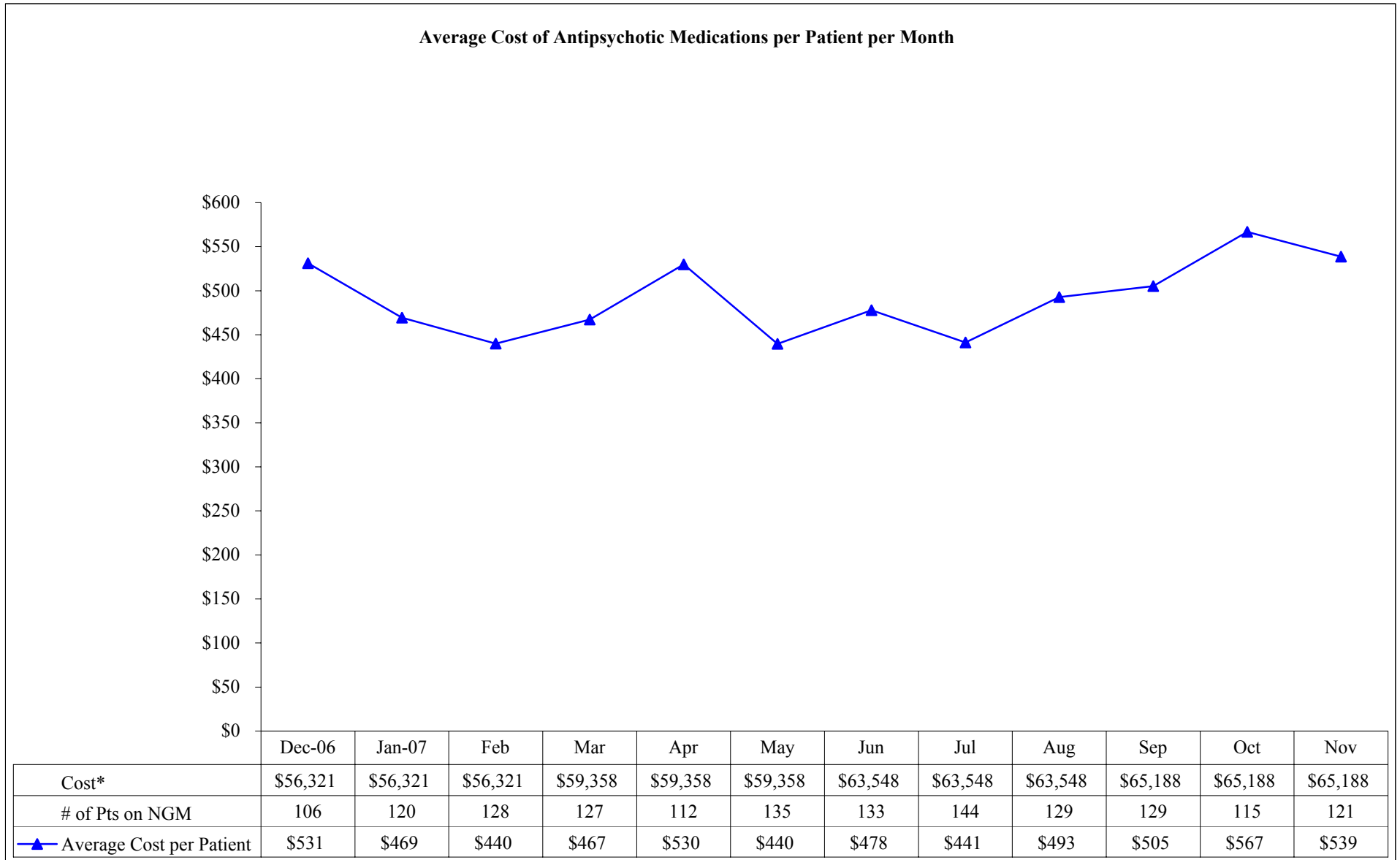


* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

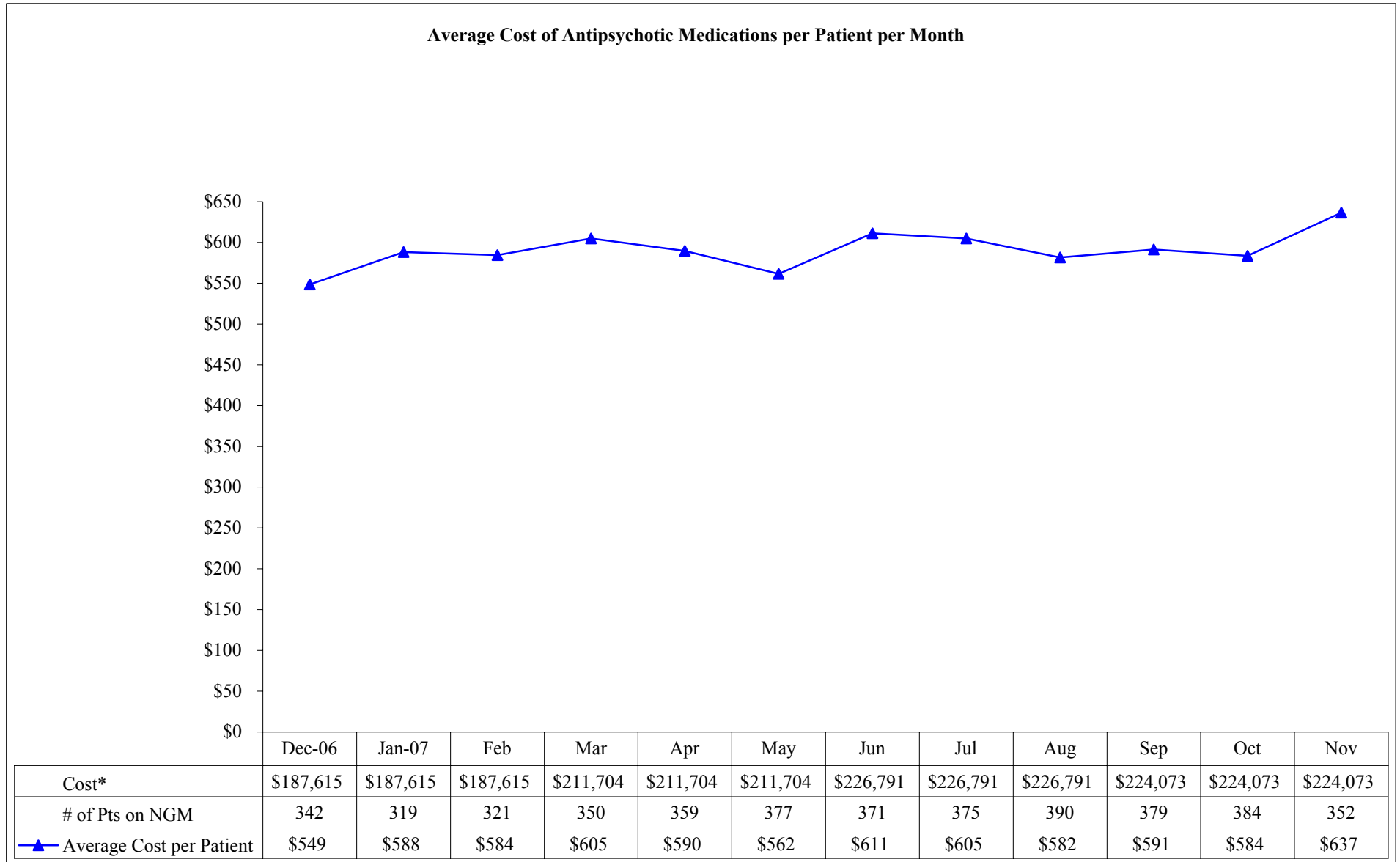
Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

Measure 4B - Cost of Antipsychotic Medications
Rio Grande State Center (MH only)



* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Rusk State Hospital

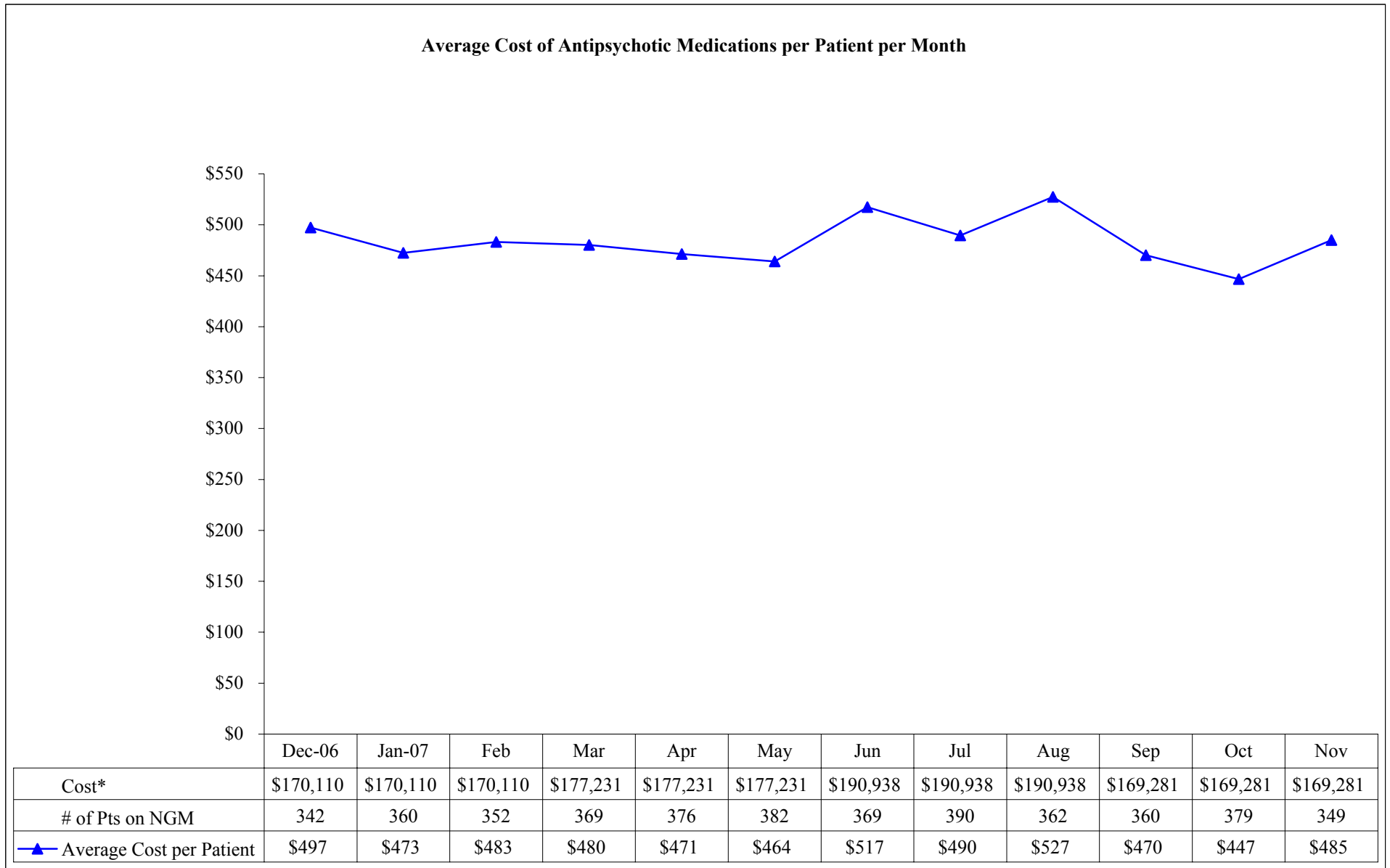


* Average Monthly Cost per Quarter

Chart: Hospital Management Data Services

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

Measure 4B - Cost of Antipsychotic Medications
San Antonio State Hospital

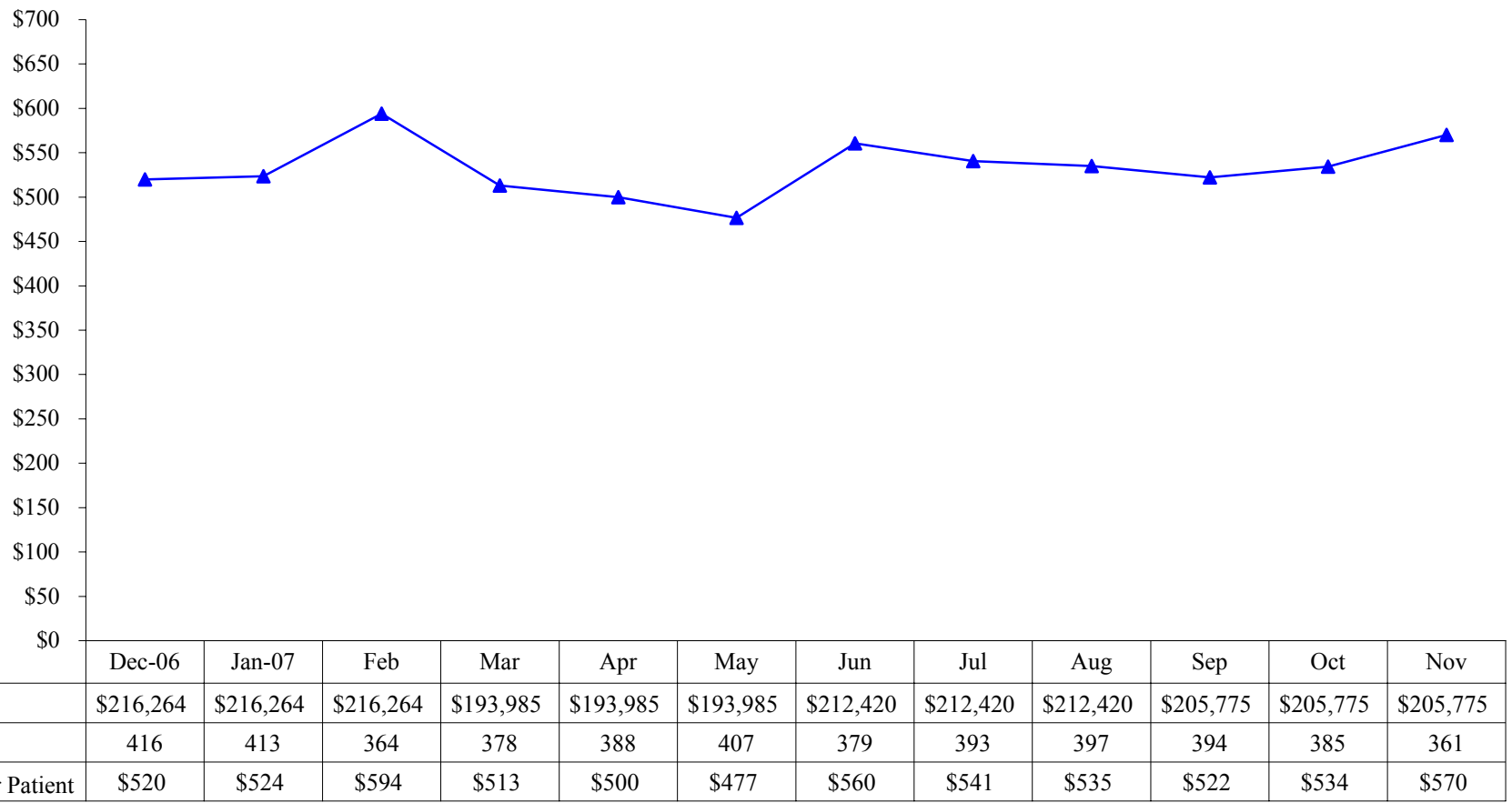


* Average Monthly Cost per Quarter

Source: Atypical Antipsychotic Medication Expenses;
 New Generation Drug Counts at MH Facilities (BHIS Report)/AccessReport

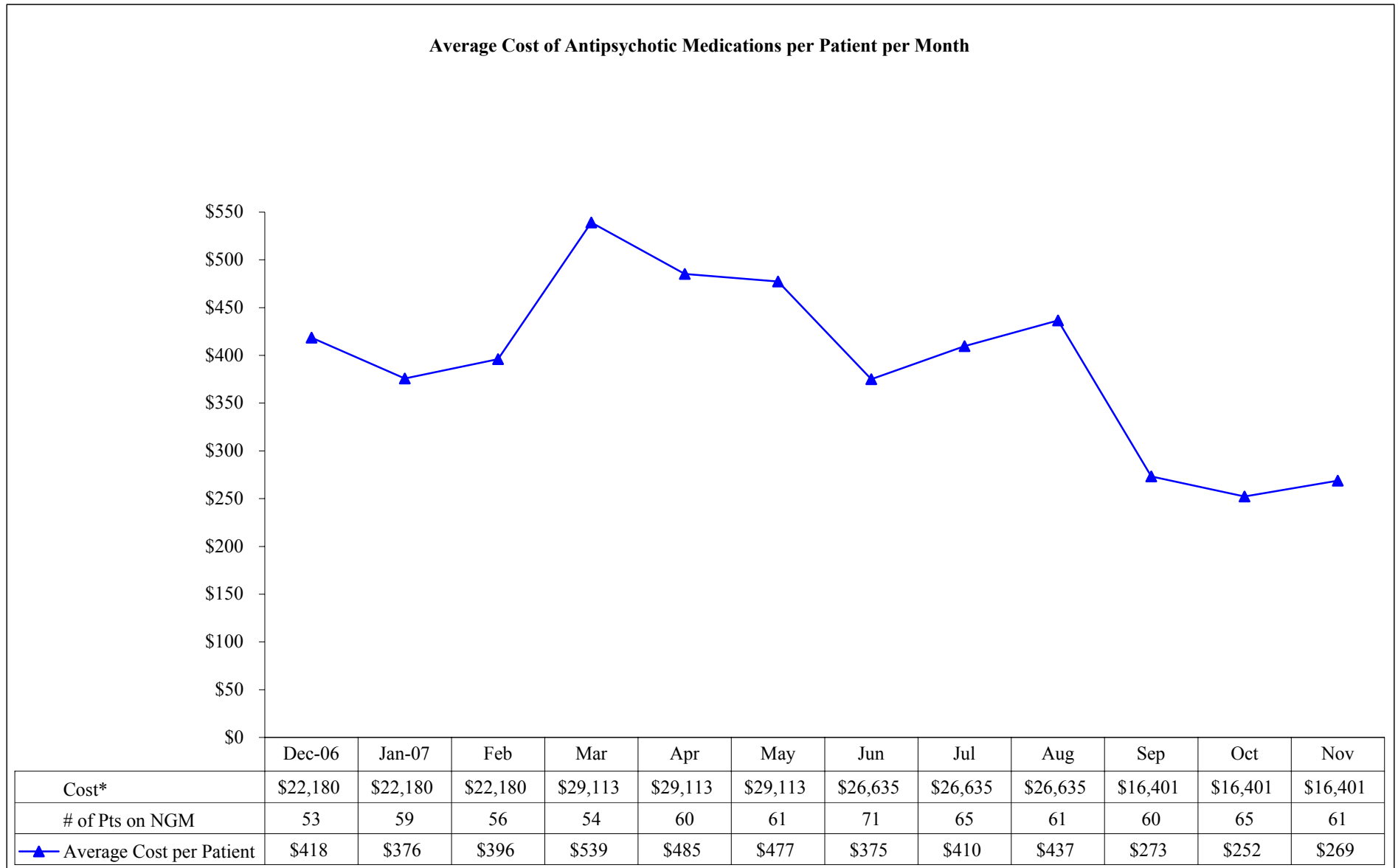
Measure 4B - Cost of Antipsychotic Medications
Terrell State Hospital

Average Cost of Antipsychotic Medications per Patient per Month



* Average Monthly Cost per Quarter

Measure 4B - Cost of Antipsychotic Medications
Waco Center for Youth



* Average Monthly Cost per Quarter

Performance Measure 4C:

TCID will report the cost of medications.

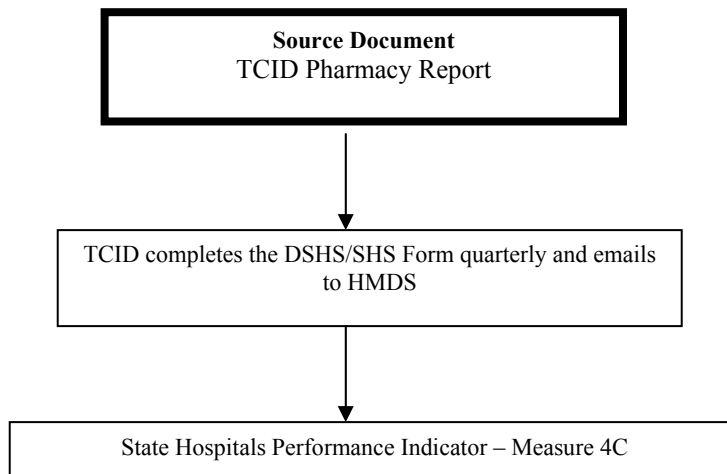
Performance Measure Operational Definition: TCID cost of medications will be monitored.

Performance Measure Formula: No formula – continuous variable.

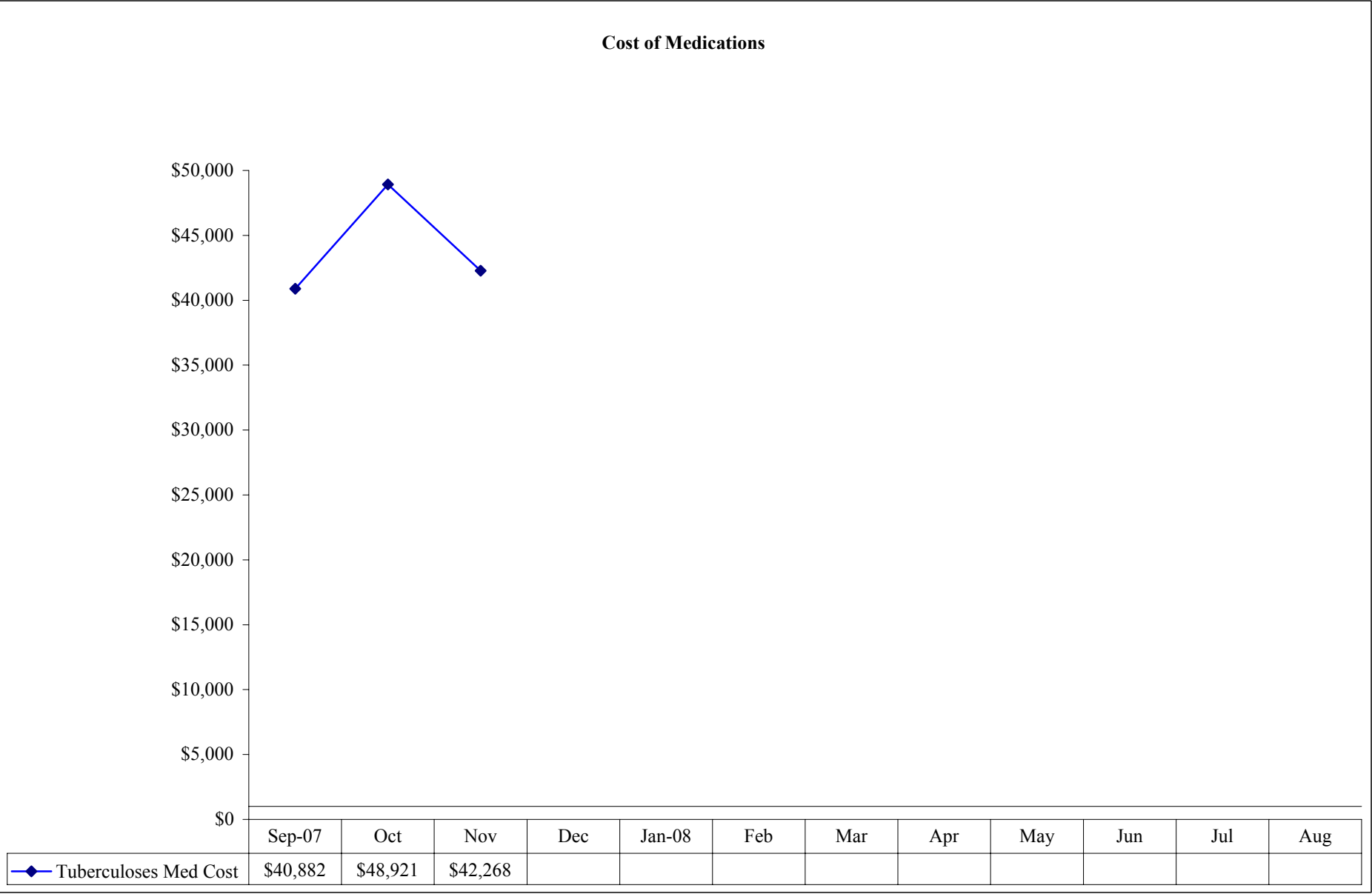
Performance Measure Data Display and Chart Description:

Table shows monthly cost of medications.

Data Flow:



Measure 4C - Cost of Medications
TCID



GOAL 5: Assure Continuum of Care

Performance Measure 5A:

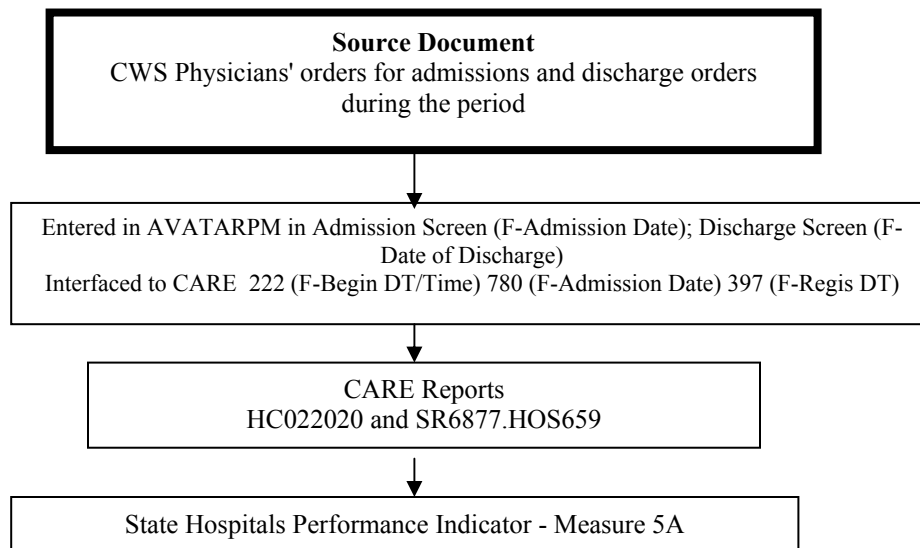
Number and type of all admissions, discharges, and the percentage of patients new to the system will be calculated and reported for each hospital.

Performance Measure Operational Definition: The hospital number of admissions and discharges to the same SMHF per mandated FYTD as calculated by CARE using data daily entered by each hospital. The new to the system rate is calculated by CARE using new to the system to any SMHF.

Performance Measure Data Display and Chart Description:

- ◆ Chart with monthly data points of total admissions, discharges and percent new to the system for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of total year-to-date admissions and discharges for individual state hospitals and system-wide.
- ◆ Table shows total admissions (voluntary, involuntary [OPC, Emergency, Temporary, Extended, 46.02/03 and Other]), discharge and percent of new to the system per month for individual state hospitals and system-wide.

Data Flow:

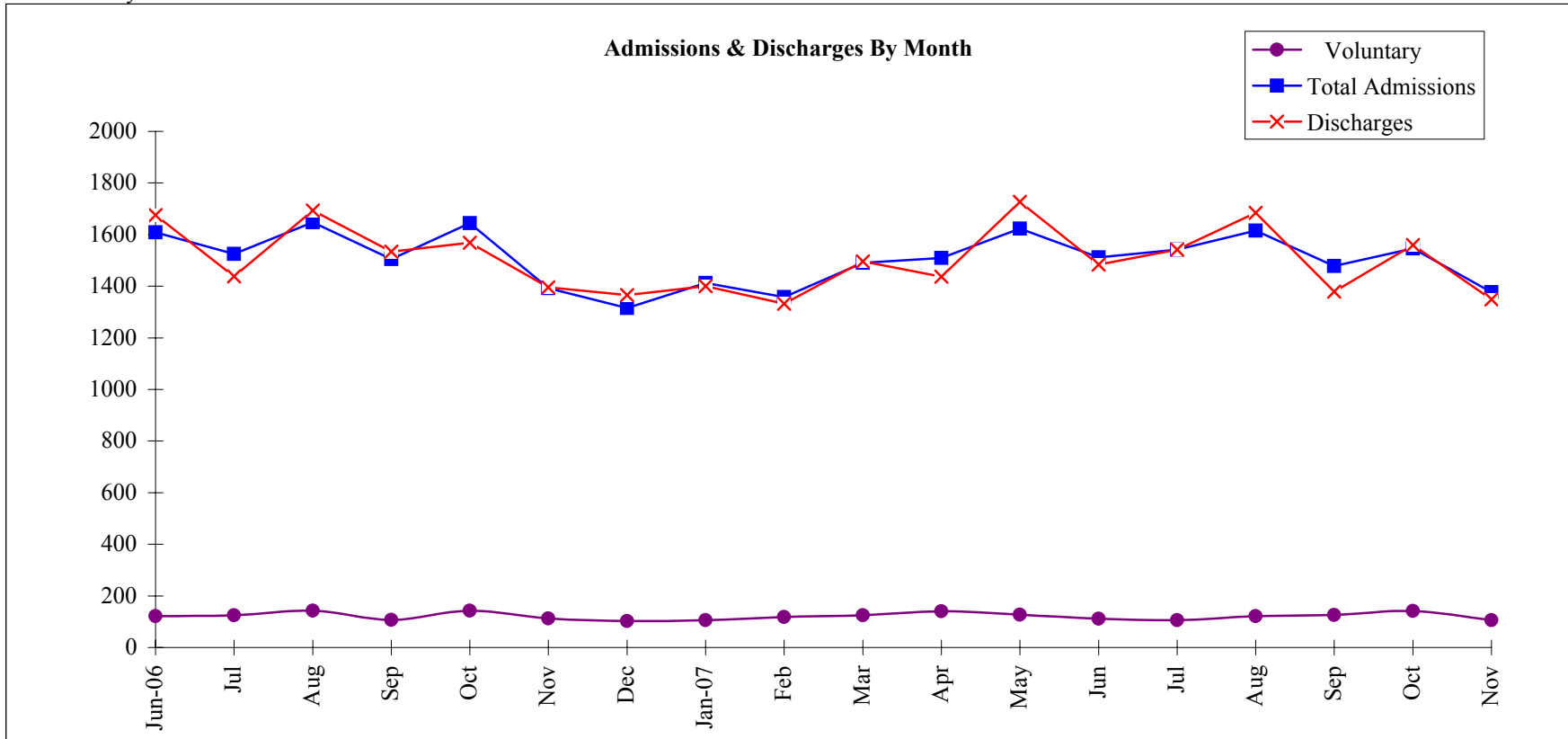


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State Hospitals

Admissions by Month

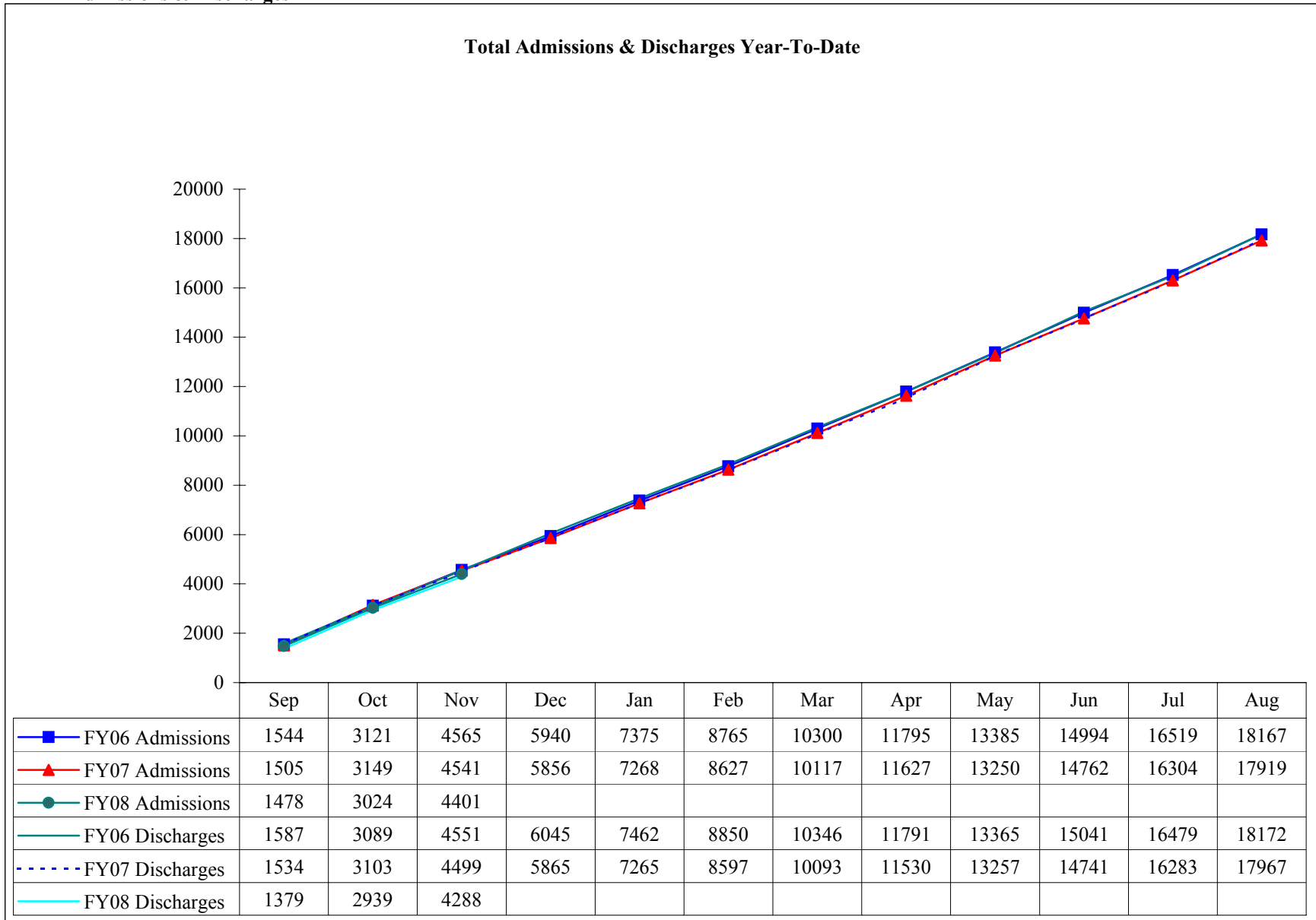
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	1609	1525	1648	1505	1644	1392	1315	1412	1358	1491	1510	1623	1512	1542	1615	1478	1546	1377
Voluntary	122	125	143	107	143	113	103	106	118	125	140	127	111	106	121	126	142	106
Involuntary	1487	1400	1505	1398	1501	1279	1212	1306	1240	1366	1370	1496	1401	1436	1494	1352	1404	1271
OPC	375	353	408	335	370	324	312	363	336	402	396	418	340	361	406	314	353	321
Emergency	783	753	778	749	756	635	623	679	612	681	717	799	748	807	759	724	677	615
Temporary	165	152	150	177	151	134	131	117	120	148	123	148	165	160	190	153	147	122
Extended	9	5	5	5	3	3	4	6	6	4	4	3	1	3	6	5	10	2
46.02/46.03	143	127	151	120	210	172	129	125	153	127	127	116	130	96	115	143	189	194
Order for MR S	12	10	13	12	11	11	13	16	13	4	3	12	17	9	18	13	28	17
Discharges	1676	1438	1693	1534	1569	1396	1366	1400	1332	1496	1437	1727	1484	1542	1684	1379	1560	1349
% New to System	42%	44%	44%	45%	44%	45%	43%	44%	45%	46%	47%	43%	46%	45%	45%	44%	45%	45%



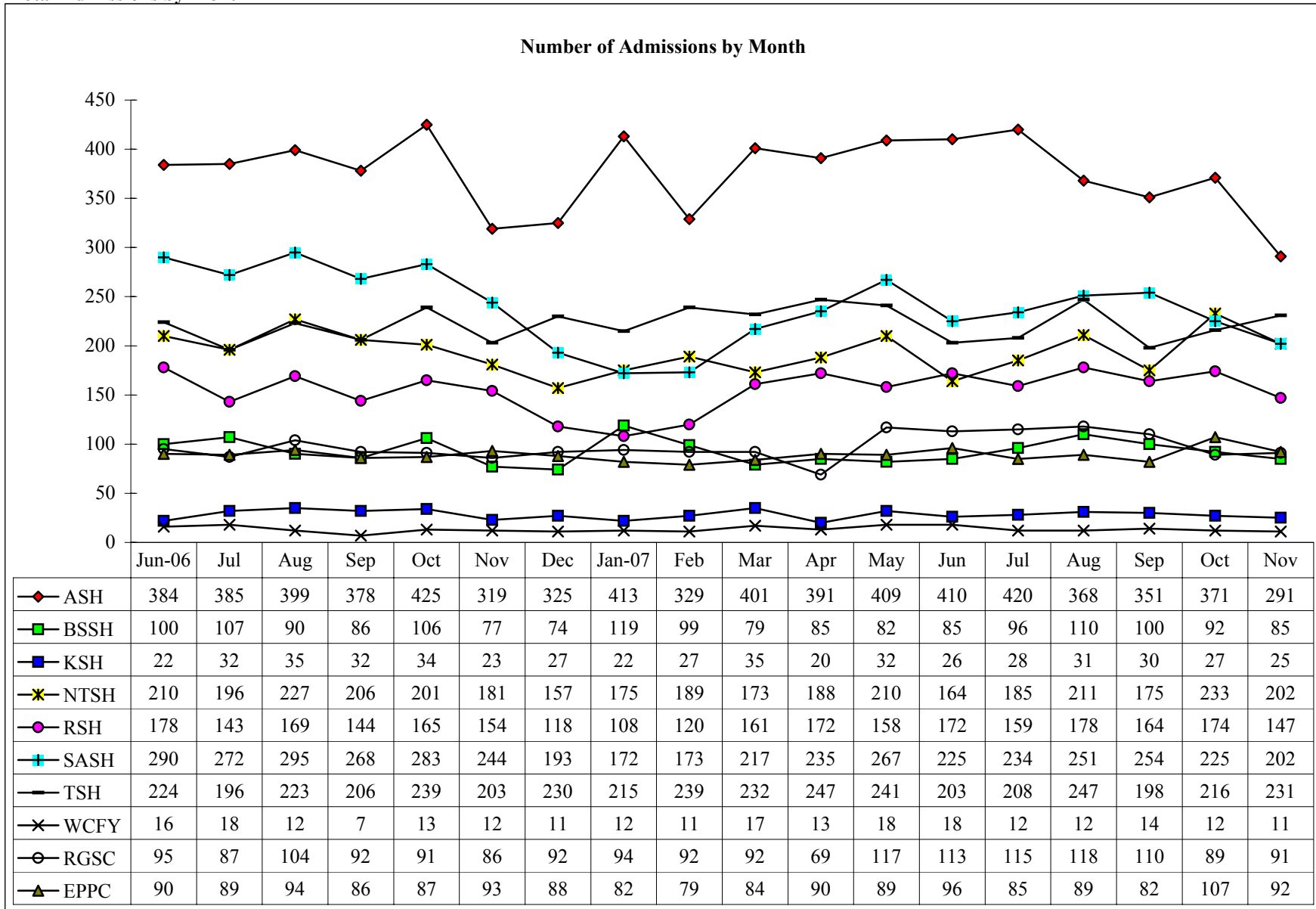
Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

All State Hospitals

FYTD Admissions & Discharges

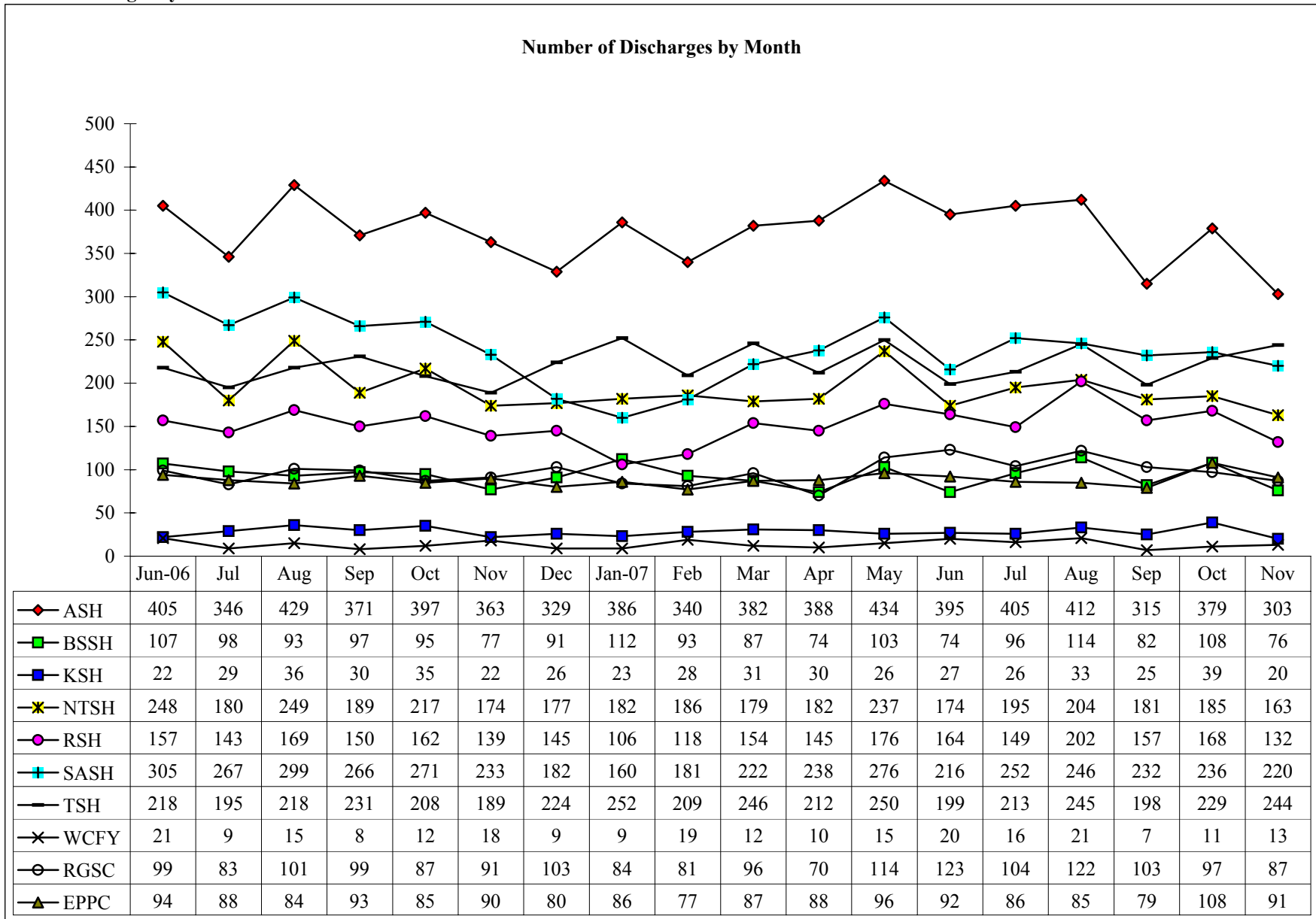


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State Hospitals
Total Admissions by Month



Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State Hospitals
Total Discharges by Month



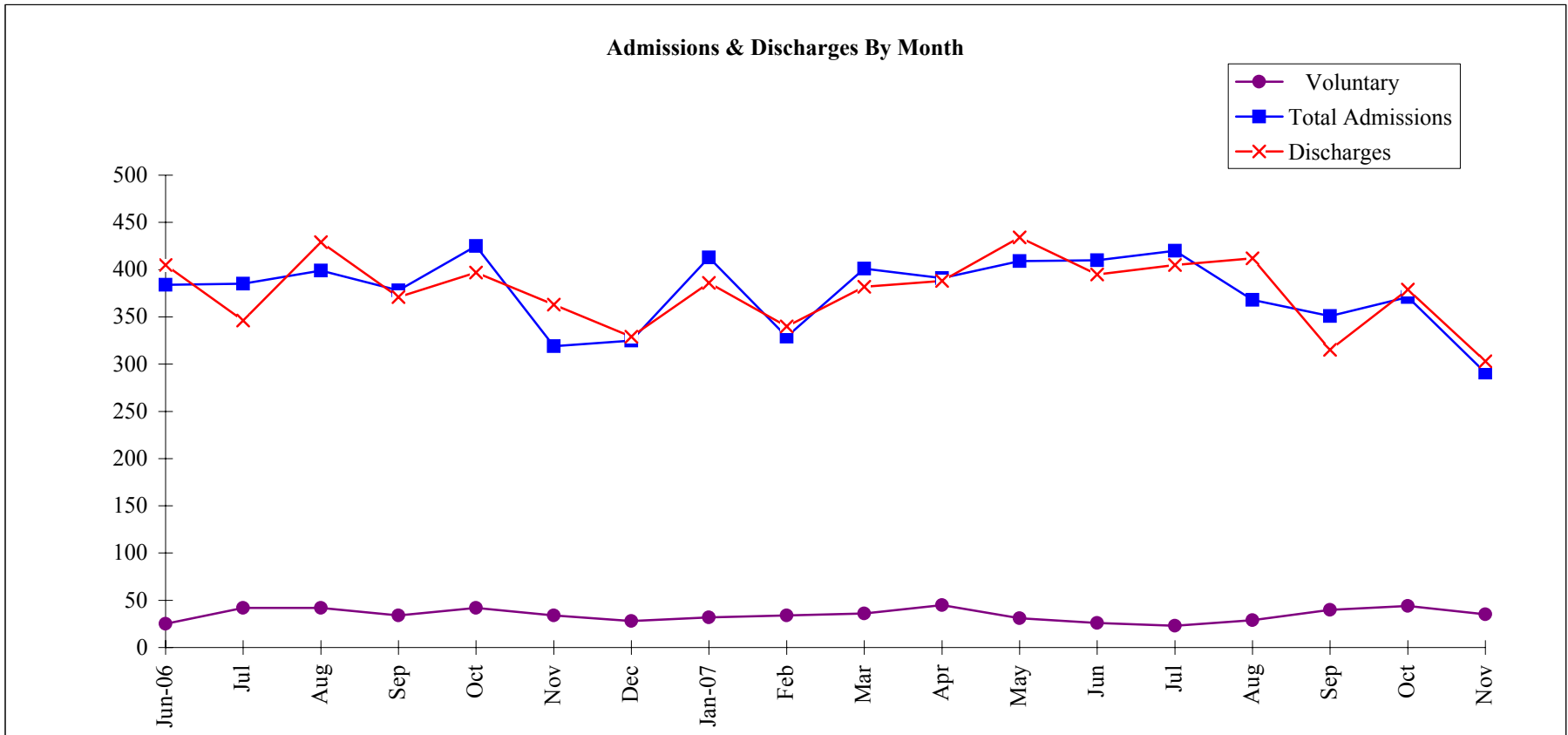
Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Austin State Hospital

Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	384	385	399	378	425	319	325	413	329	401	391	409	410	420	368	351	371	291
Voluntary	25	42	42	34	42	34	28	32	34	36	45	31	26	23	29	40	44	35
Involuntary	359	343	357	344	383	285	297	381	295	365	346	378	384	397	339	311	327	256
OPC	47	33	37	37	41	34	29	55	35	42	52	52	44	55	38	40	40	20
Emergency	284	287	288	273	290	218	228	292	232	284	254	282	295	299	266	237	249	197
Temporary	22	15	21	27	33	25	26	19	19	27	27	33	33	33	25	24	20	22
Extended	0	0	0	1	1	0	0	1	2	0	1	1	0	0	1	0	1	0
46.02/46.03	6	7	11	5	18	7	12	13	7	12	12	9	11	9	8	10	16	15
Order for MR	0	1	0	1	0	1	2	1	0	0	0	1	1	1	1	0	1	2
Discharges	405	346	429	371	397	363	329	386	340	382	388	434	395	405	412	315	379	303
% New to System	41%	43%	44%	46%	41%	43%	45%	42%	46%	45%	45%	45%	48%	45%	42%	46%	47%	40%

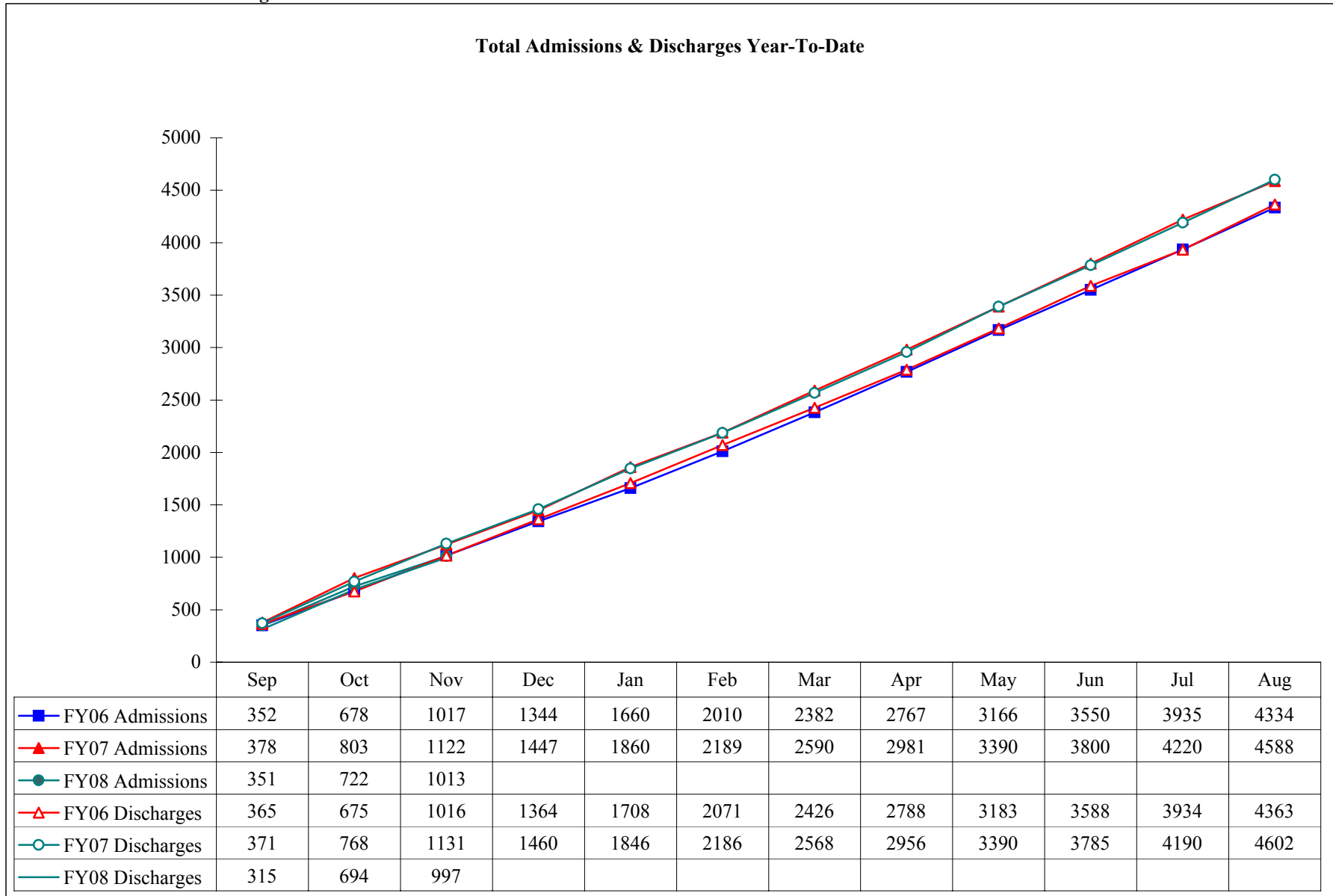


Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Austin State Hospital

FYTD Admissions & Discharges

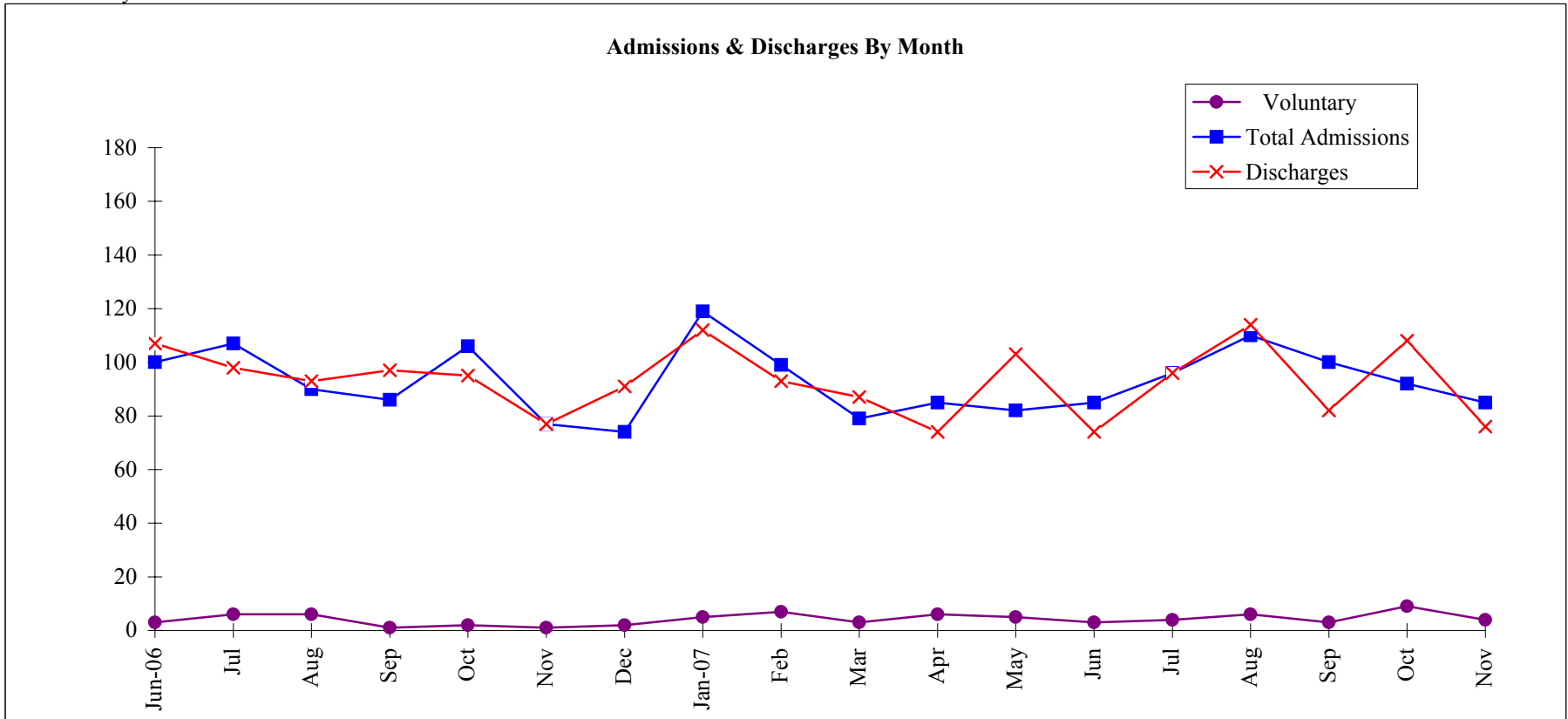


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Big Spring State Hospital

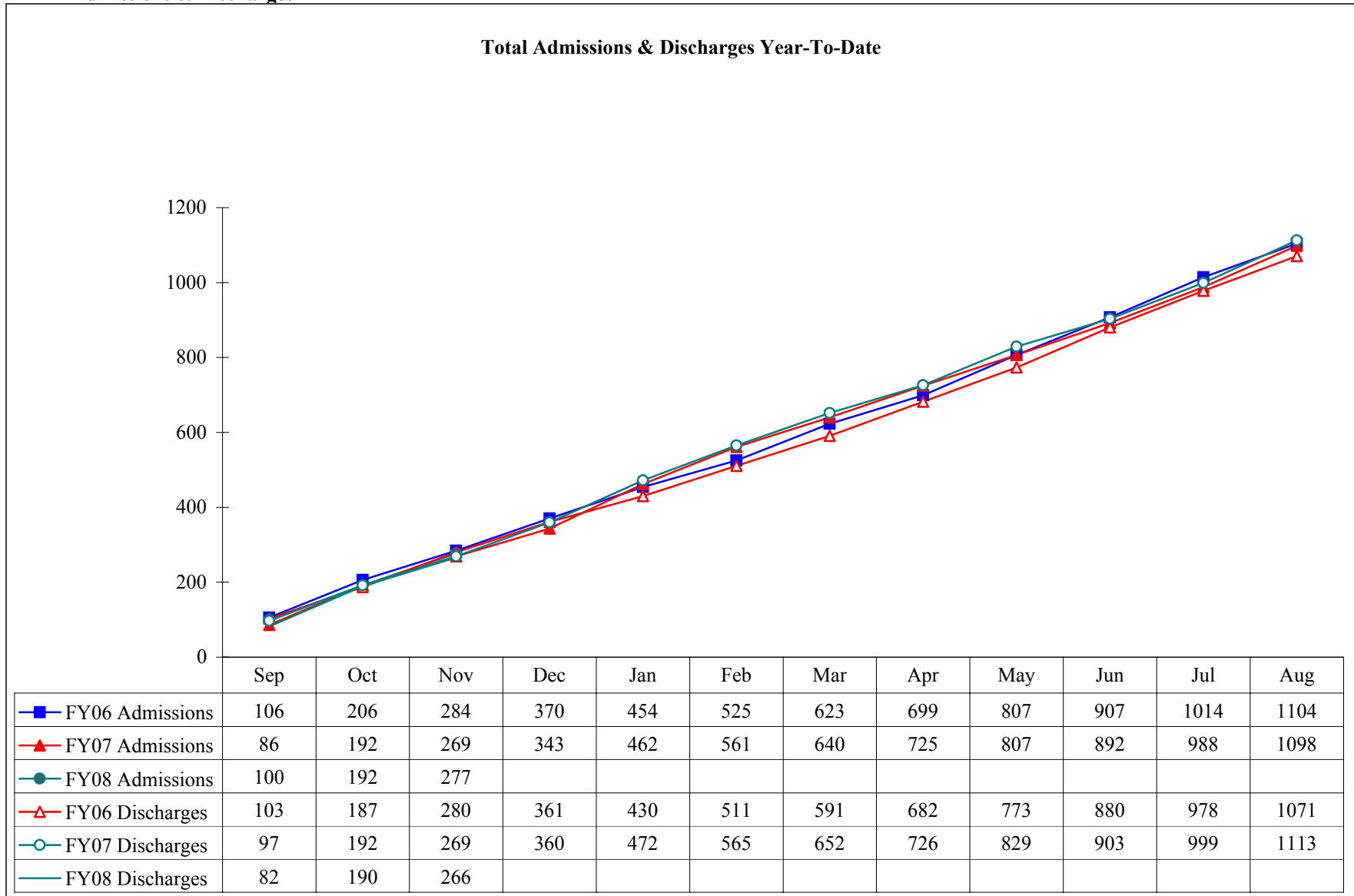
Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	100	107	90	86	106	77	74	119	99	79	85	82	85	96	110	100	92	85
Voluntary	3	6	6	1	2	1	2	5	7	3	6	5	3	4	6	3	9	4
Involuntary	97	101	84	85	104	76	72	114	92	76	79	77	82	92	104	97	83	81
OPC	13	6	5	6	10	9	4	9	10	10	6	10	9	10	7	9	7	12
Emergency	71	75	57	66	65	52	61	78	54	51	65	55	48	68	74	71	50	48
Temporary	0	0	1	0	0	0	1	0	0	0	0	0	0	2	1	1	1	2
Extended	1	2	1	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0
46.02/46.03	12	18	19	13	29	14	5	27	26	14	8	10	24	10	19	15	23	18
Order for MR	0	0	1	0	0	1	0	0	1	1	0	2	1	2	3	1	1	1
Discharges	107	98	93	97	95	77	91	112	93	87	74	103	74	96	114	82	108	76
% New to System	36%	44%	42%	43%	33%	39%	51%	47%	35%	42%	44%	35%	41%	46%	51%	38%	45%	39%



Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Big Spring State Hospital
FYTD Admissions & Discharges

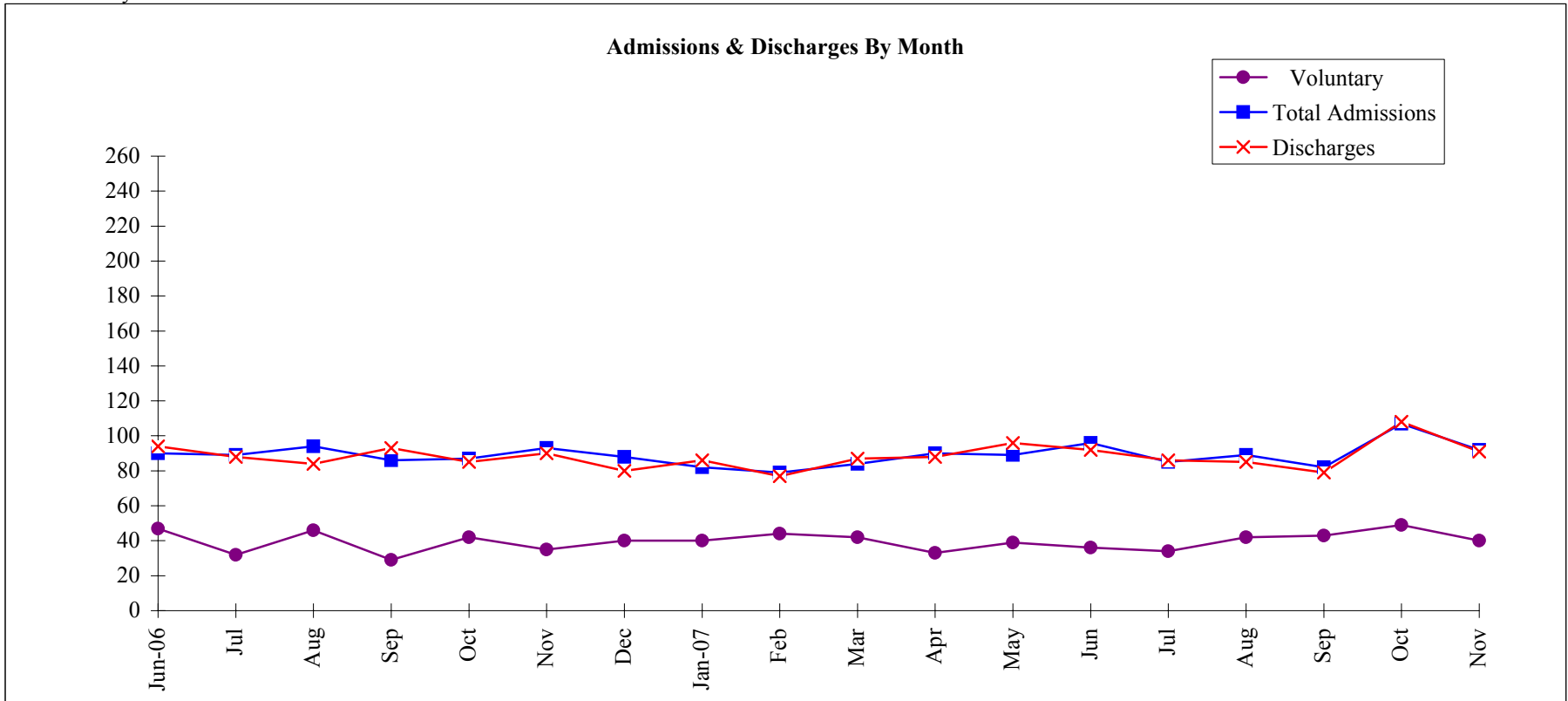


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

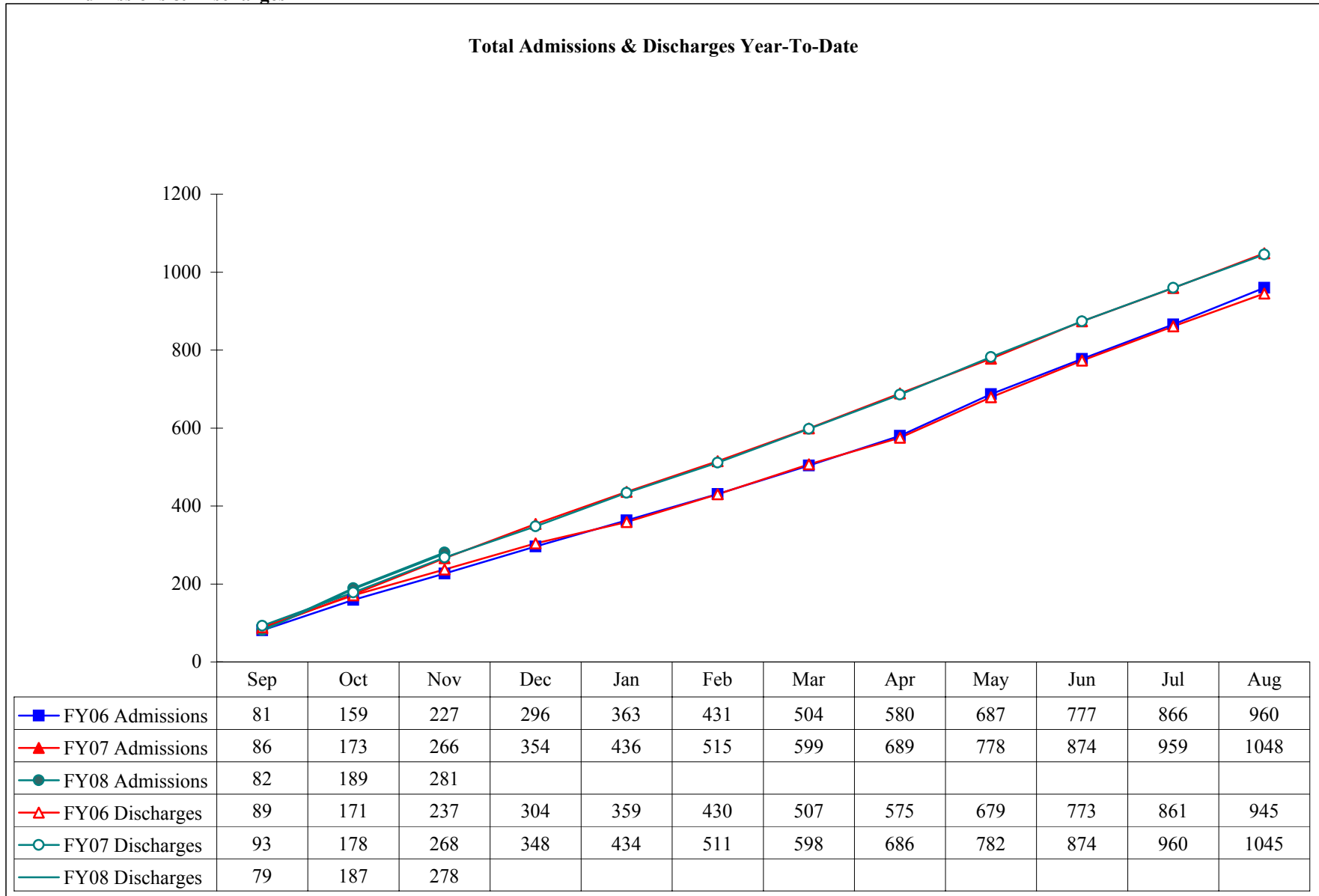
El Paso Psychiatric Center

Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	90	89	94	86	87	93	88	82	79	84	90	89	96	85	89	82	107	92
Voluntary	47	32	46	29	42	35	40	40	44	42	33	39	36	34	42	43	49	40
Involuntary	43	57	48	57	45	58	48	42	35	42	57	50	60	51	47	39	58	52
OPC	2	4	6	2	6	3	2	3	5	3	5	3	6	5	7	2	2	5
Emergency	39	51	41	53	35	48	46	37	30	37	52	46	52	44	37	37	51	43
Temporary	0	0	0	1	1	3	0	1	0	0	0	1	0	1	1	0	2	1
Extended	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0
46.02/46.03	2	2	1	0	3	3	0	1	0	1	0	0	2	1	2	0	2	3
Order for MR	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	94	88	84	93	85	90	80	86	77	87	88	96	92	86	85	79	108	91
% New to System	43%	49%	55%	53%	55%	46%	52%	49%	52%	45%	51%	43%	48%	36%	43%	45%	39%	52%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
El Paso Psychiatric Center
FYTD Admissions & Discharges

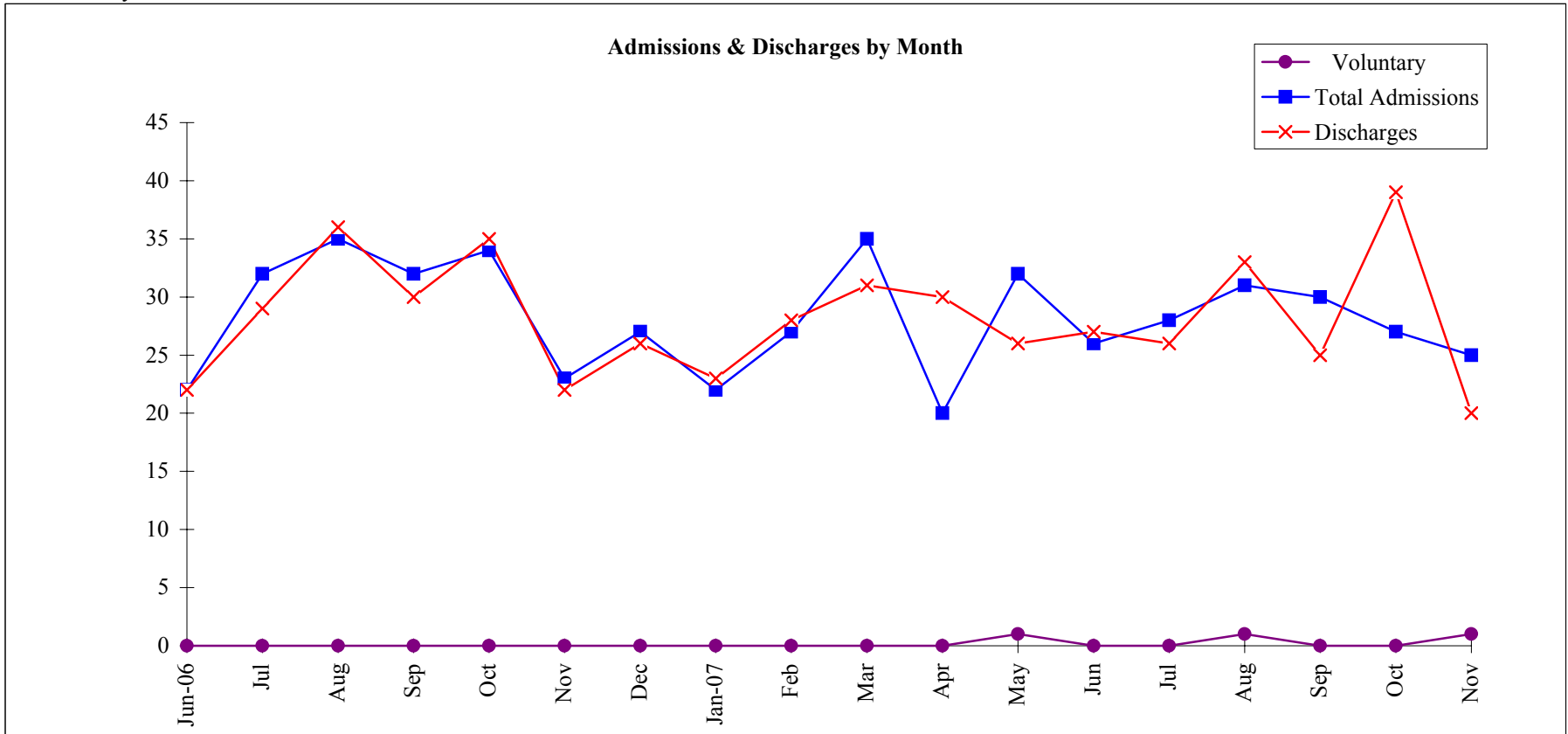


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Kerrville State Hospital

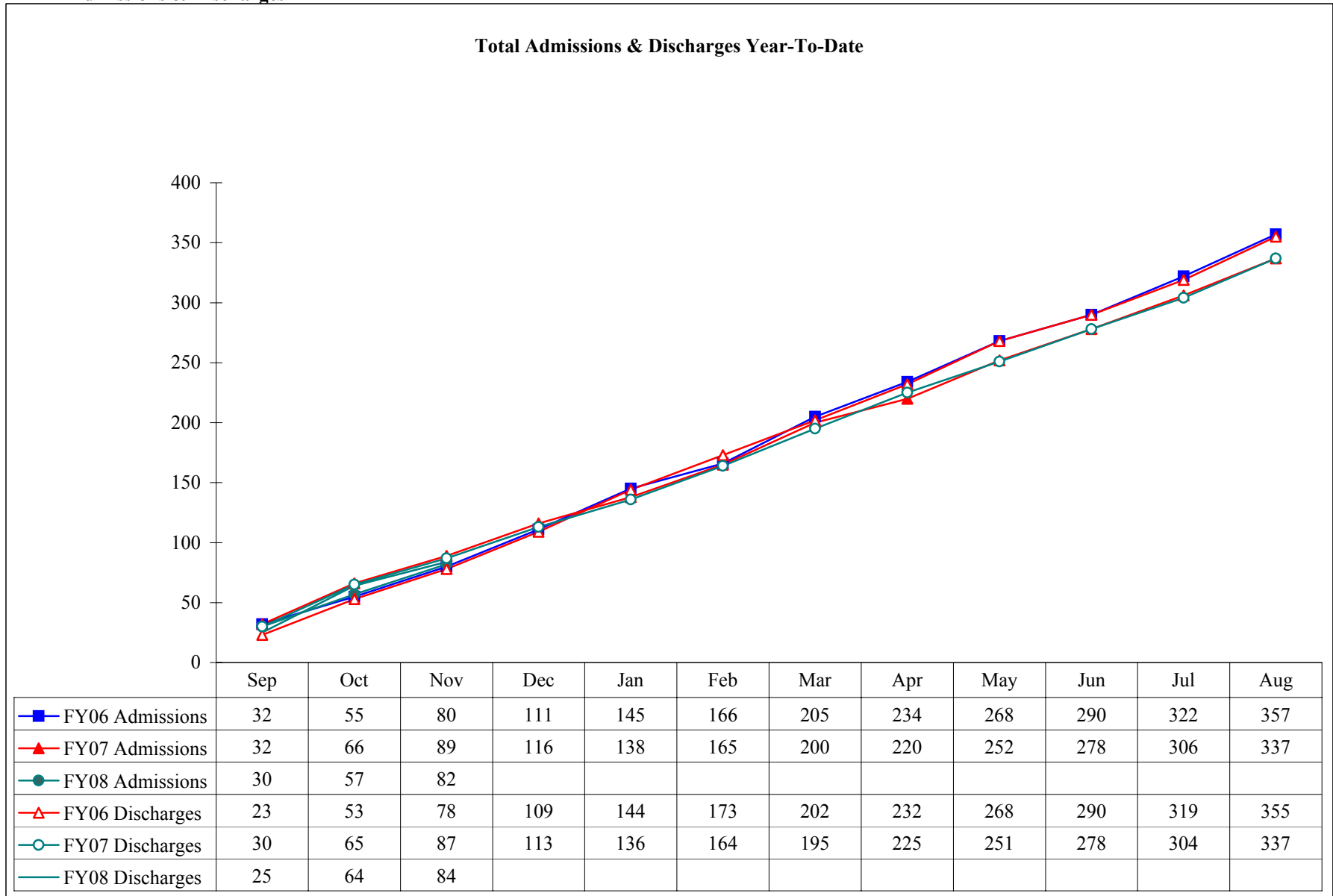
Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	22	32	35	32	34	23	27	22	27	35	20	32	26	28	31	30	27	25
Voluntary	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1
Involuntary	22	32	35	32	34	23	27	22	27	35	20	31	26	28	30	30	27	24
OPC	0	0	3	3	8	1	1	0	2	1	1	0	0	0	0	0	0	1
Emergency	15	26	20	23	17	16	21	15	20	25	16	18	21	20	17	21	21	20
Temporary	0	0	0	0	0	0	0	0	0	0	1	4	1	4	4	3	2	0
Extended	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
46.02/46.03	7	6	12	6	9	6	5	6	5	9	2	9	4	4	9	6	4	2
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	22	29	36	30	35	22	26	23	28	31	30	26	27	26	33	25	39	20
% New to System	14%	41%	40%	50%	35%	39%	37%	36%	37%	37%	50%	28%	54%	46%	42%	40%	52%	28%



Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Kerrville State Hospital
FYTD Admissions & Discharges

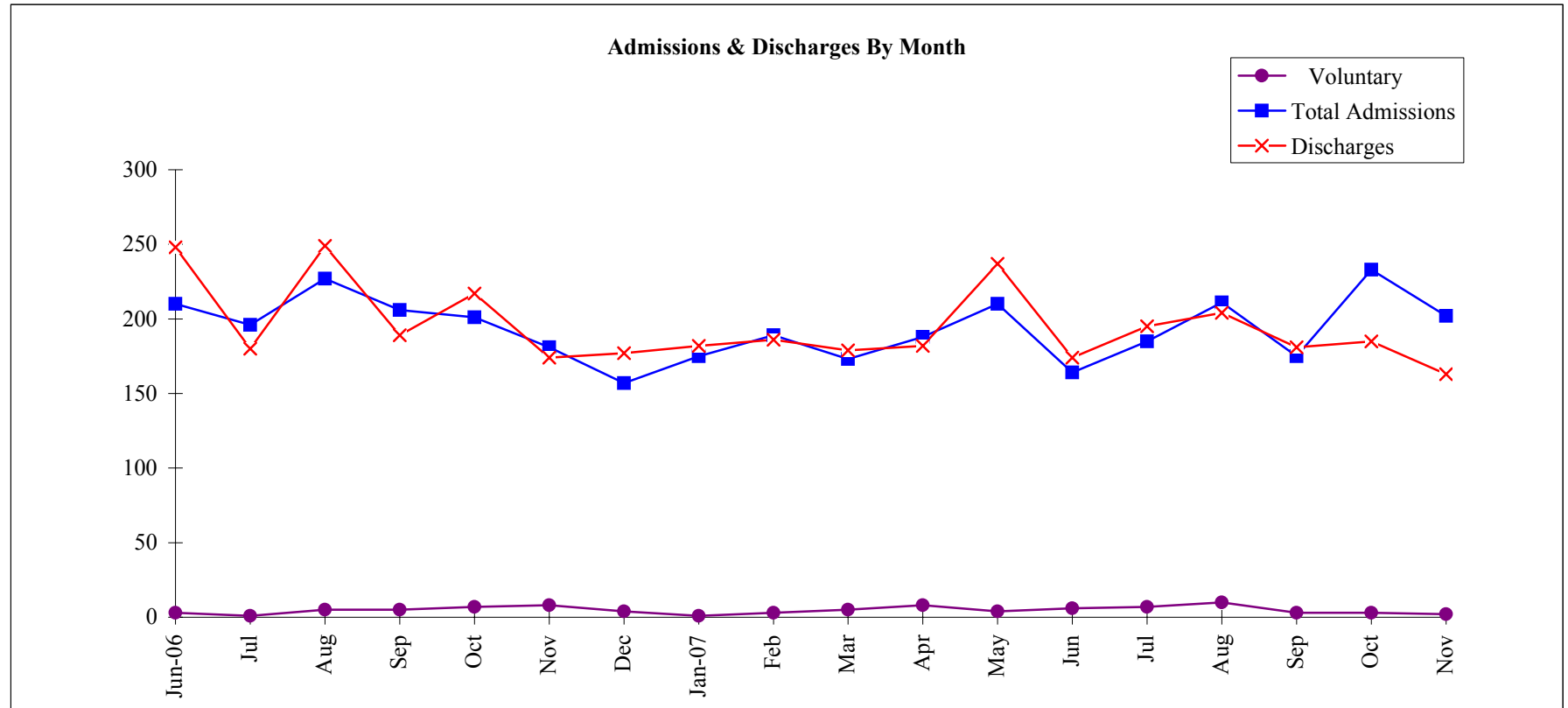


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

North Texas State Hospital

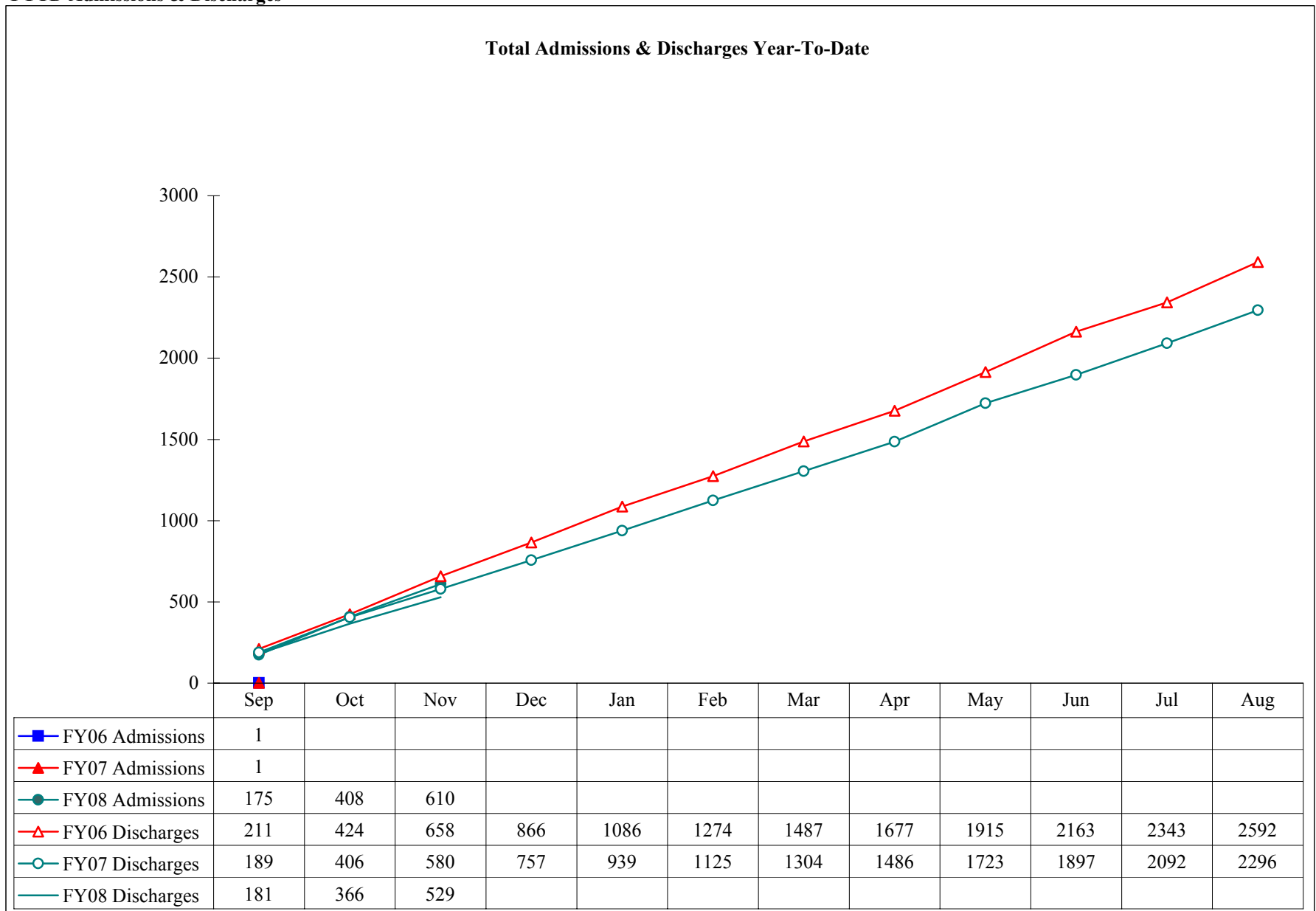
Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	210	196	227	206	201	181	157	175	189	173	188	210	164	185	211	175	233	202
Voluntary	3	1	5	5	7	8	4	1	3	5	8	4	6	7	10	3	3	2
Involuntary	207	195	222	201	194	173	153	174	186	168	180	206	158	178	201	172	230	200
OPC	16	18	21	17	12	25	11	18	15	25	25	26	13	12	21	12	23	13
Emergency	51	41	51	46	45	41	47	32	41	45	49	59	38	58	57	51	44	57
Temporary	66	62	56	66	52	41	35	42	51	50	48	46	43	48	57	42	46	53
Extended	1	1	0	0	1	0	0	1	0	1	2	0	0	1	0	1	3	0
46.02/46.03	62	64	82	63	74	58	49	66	67	44	53	69	52	54	55	56	91	65
Order for MR	11	9	12	9	10	8	11	15	12	3	3	6	12	5	11	10	23	12
Discharges	248	180	249	189	217	174	177	182	186	179	182	237	174	195	204	181	185	163
% New to System	46%	44%	42%	47%	46%	47%	47%	49%	47%	50%	52%	45%	50%	41%	48%	46%	47%	56%



Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
North Texas State Hospital
FYTD Admissions & Discharges

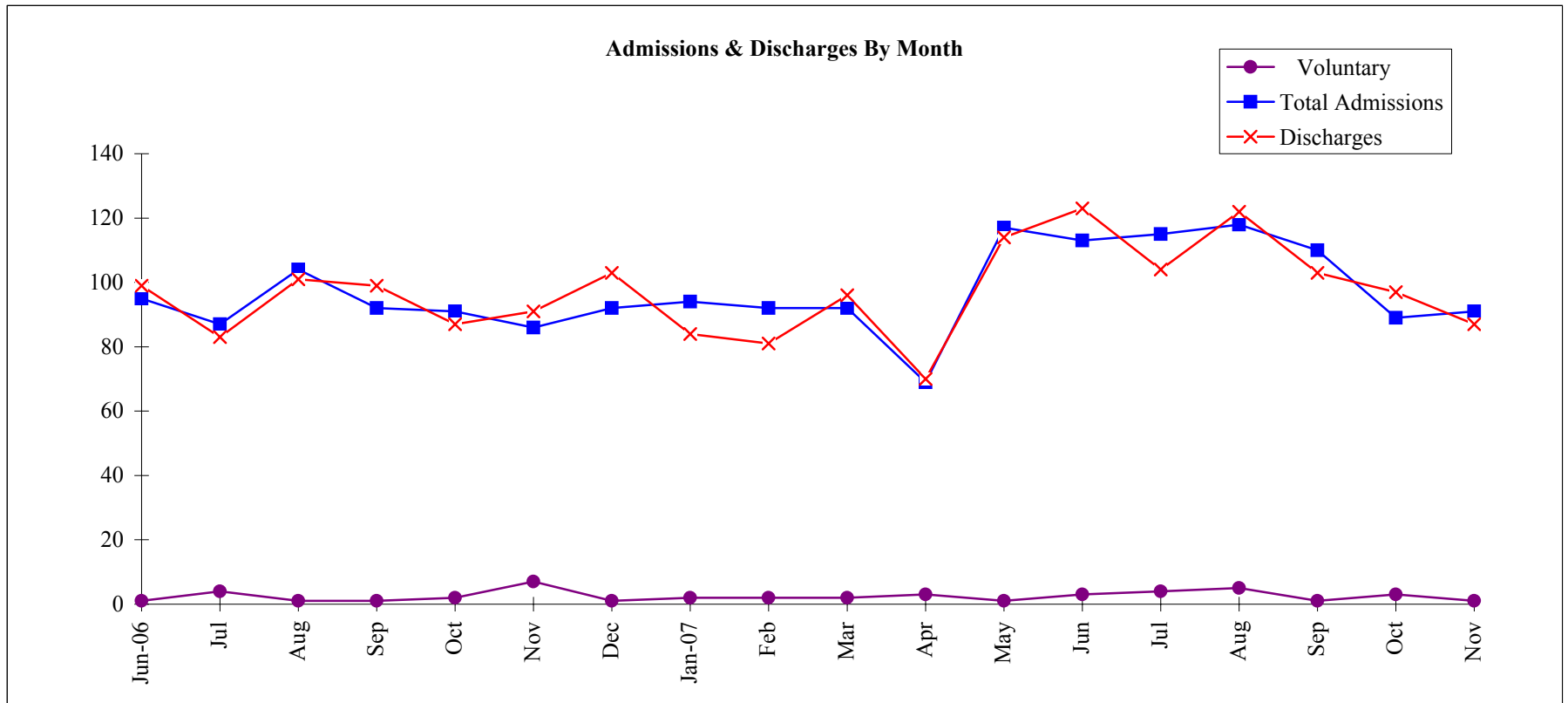


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rio Grande State Center

Admissions by Month

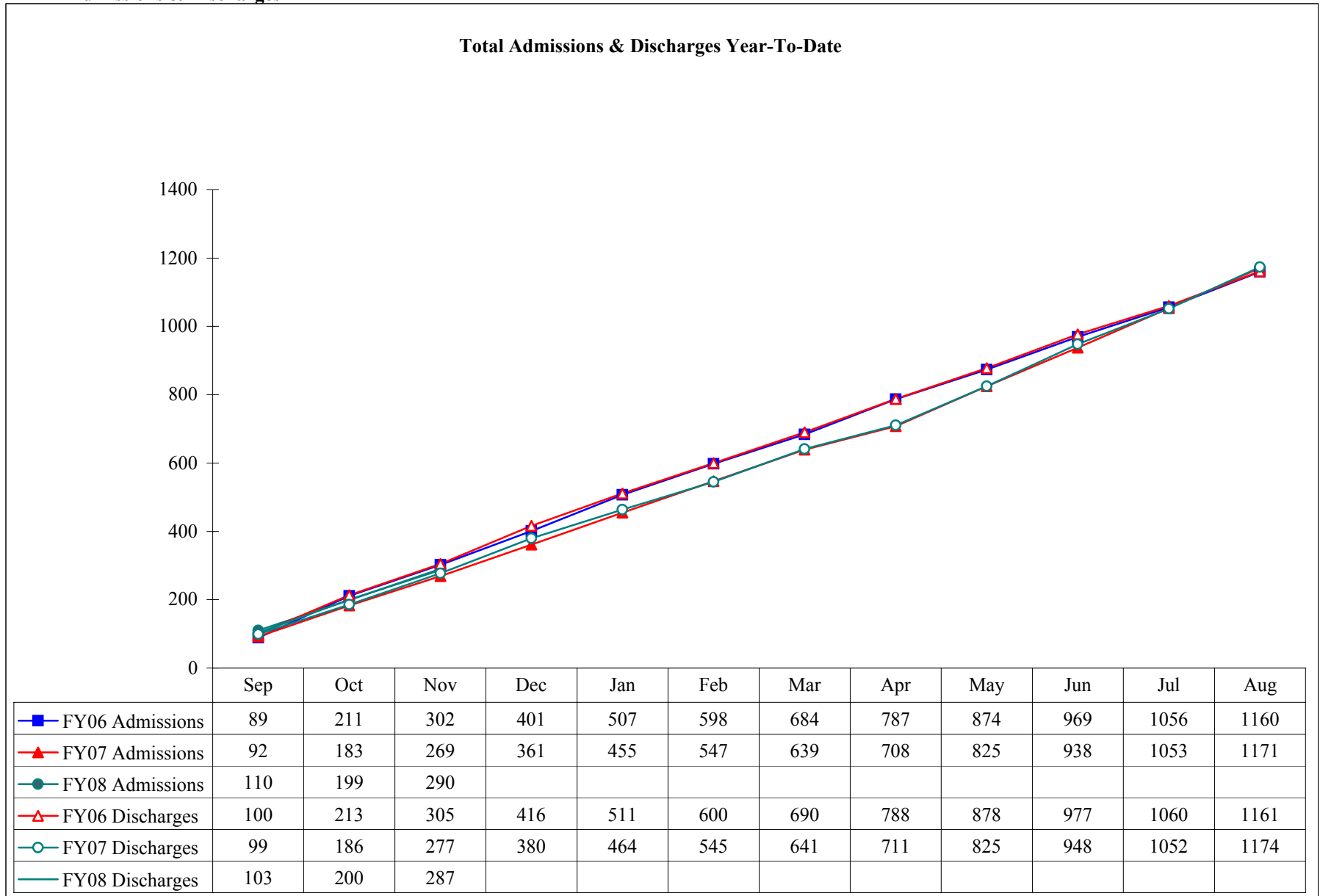
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	95	87	104	92	91	86	92	94	92	92	69	117	113	115	118	110	89	91
Voluntary	1	4	1	1	2	7	1	2	2	2	3	1	3	4	5	1	3	1
Involuntary	94	83	103	91	89	79	91	92	90	90	66	116	110	111	113	109	86	90
OPC	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	2	0
Emergency	94	83	103	91	89	79	91	90	90	90	64	116	109	109	112	108	83	90
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	99	83	101	99	87	91	103	84	81	96	70	114	123	104	122	103	97	87
% New to System	39%	49%	51%	53%	48%	41%	44%	43%	41%	47%	45%	45%	52%	49%	44%	44%	40%	37%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Rio Grande State Center

FYTD Admissions & Discharges

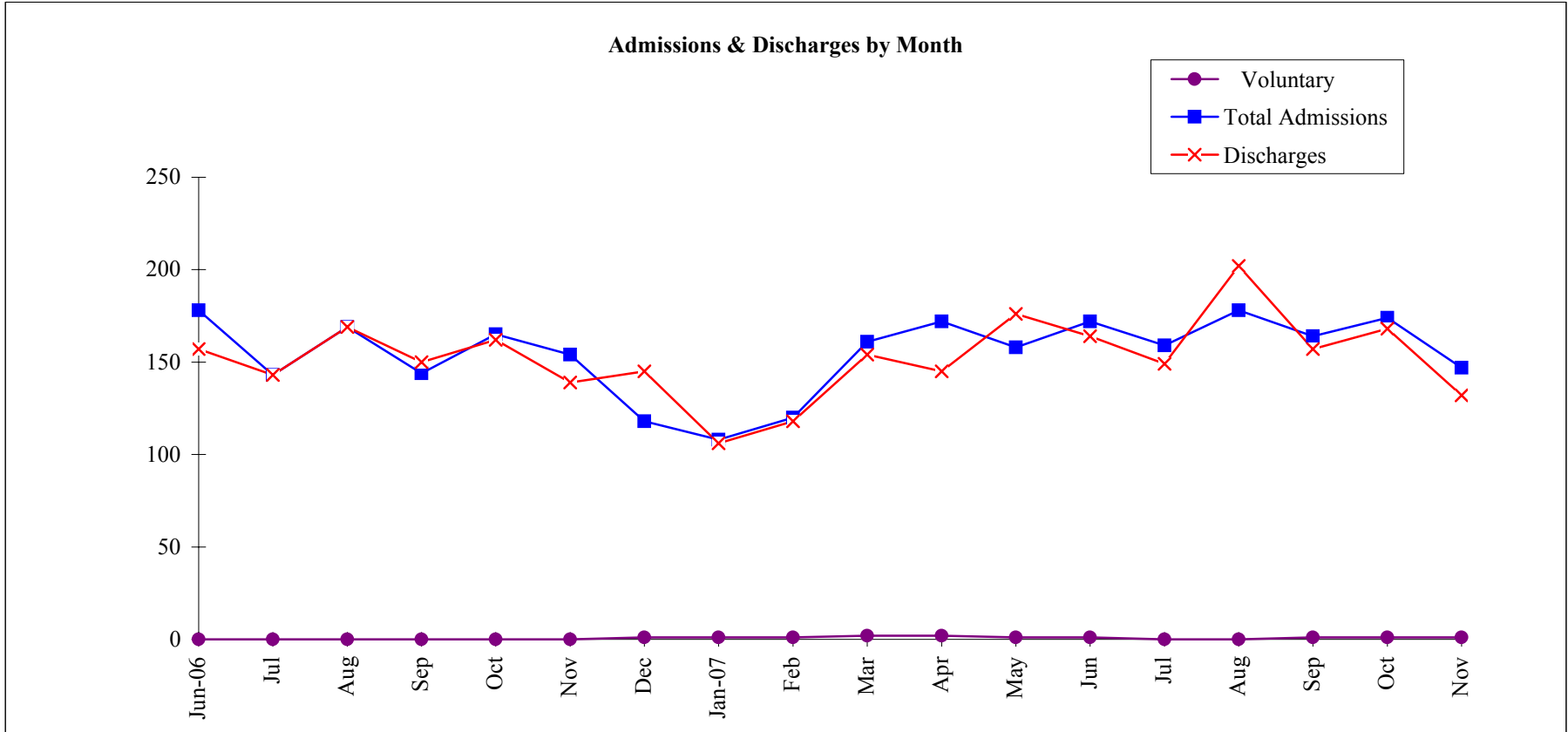


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

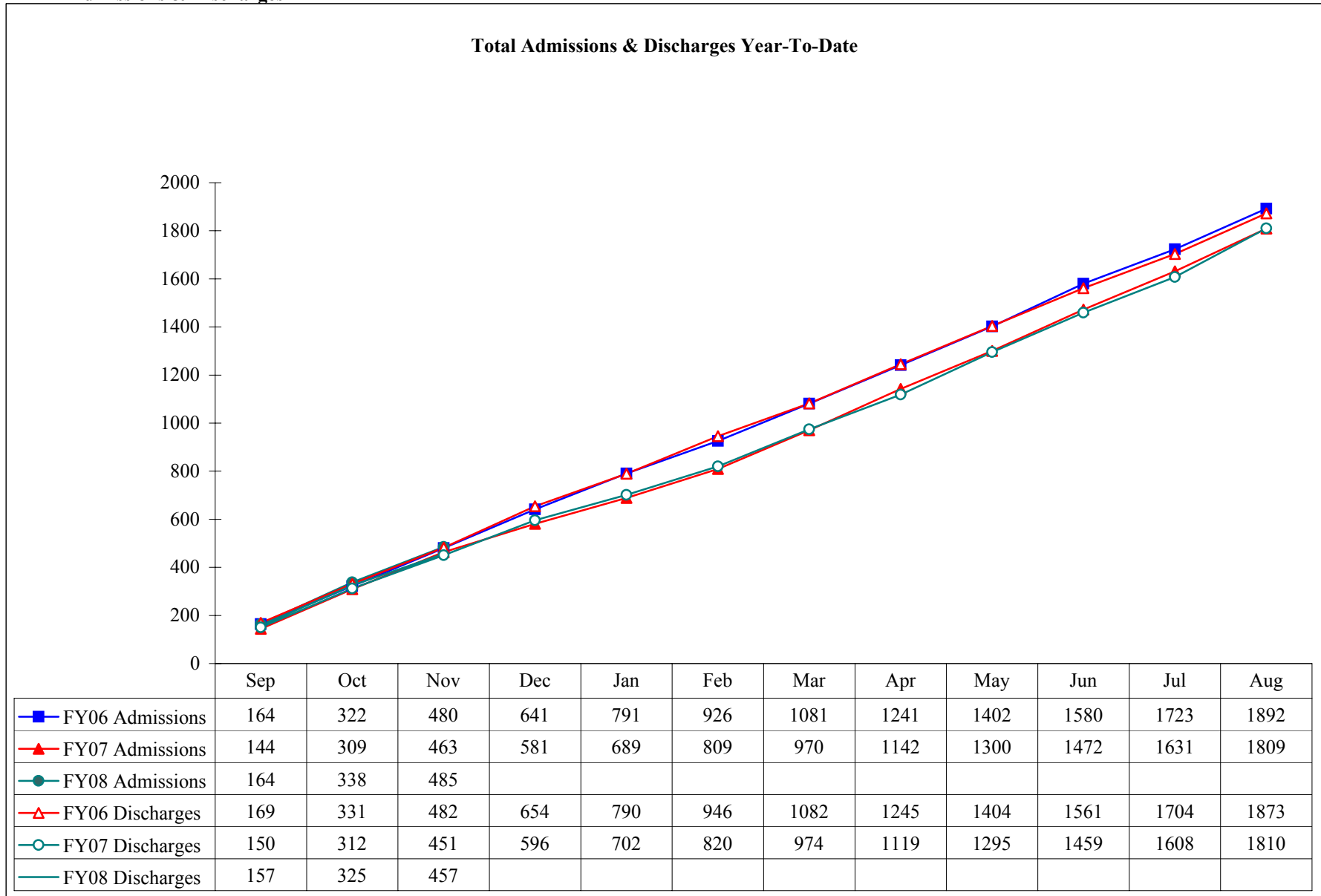
Rusk State Hospital

Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	178	143	169	144	165	154	118	108	120	161	172	158	172	159	178	164	174	147
Voluntary	0	0	0	0	0	0	1	1	1	2	2	1	1	0	0	1	1	1
Involuntary	178	143	169	144	165	154	117	107	119	159	170	157	171	159	178	163	173	146
OPC	59	58	61	47	49	38	23	40	24	59	51	55	57	43	69	56	57	33
Emergency	76	57	73	59	69	54	36	42	47	37	73	76	73	82	76	62	53	40
Temporary	18	18	13	10	15	12	16	15	20	18	9	14	21	20	20	15	17	9
Extended	1	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1	1	0
46.02/46.03	24	10	22	28	32	49	41	10	28	45	37	12	20	14	12	29	45	64
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	157	143	169	150	162	139	145	106	118	154	145	176	164	149	202	157	168	132
% New to System	44%	45%	46%	44%	48%	45%	32%	44%	43%	49%	46%	44%	46%	49%	49%	43%	45%	46%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Rusk State Hospital
FYTD Admissions & Discharges

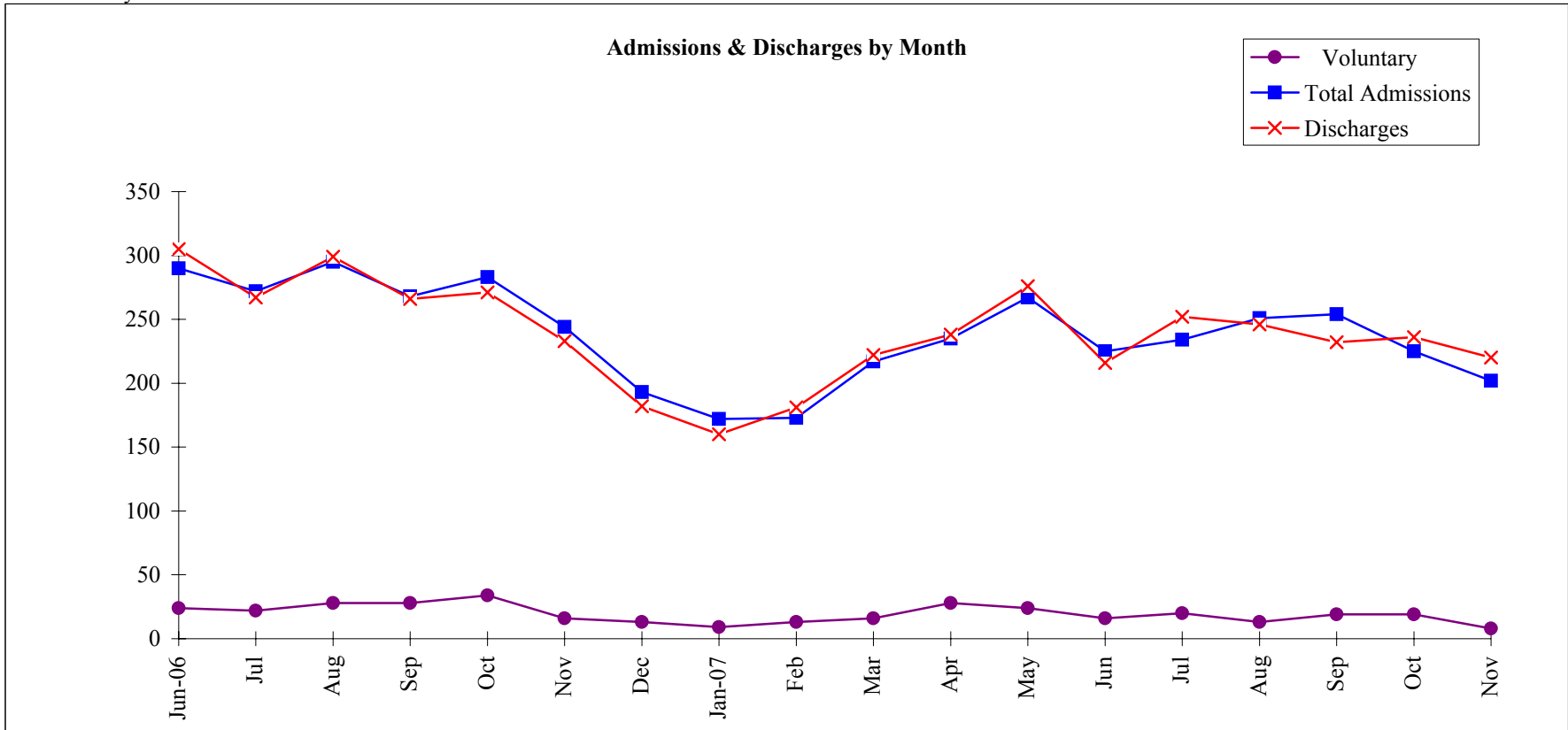


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

San Antonio State Hospital

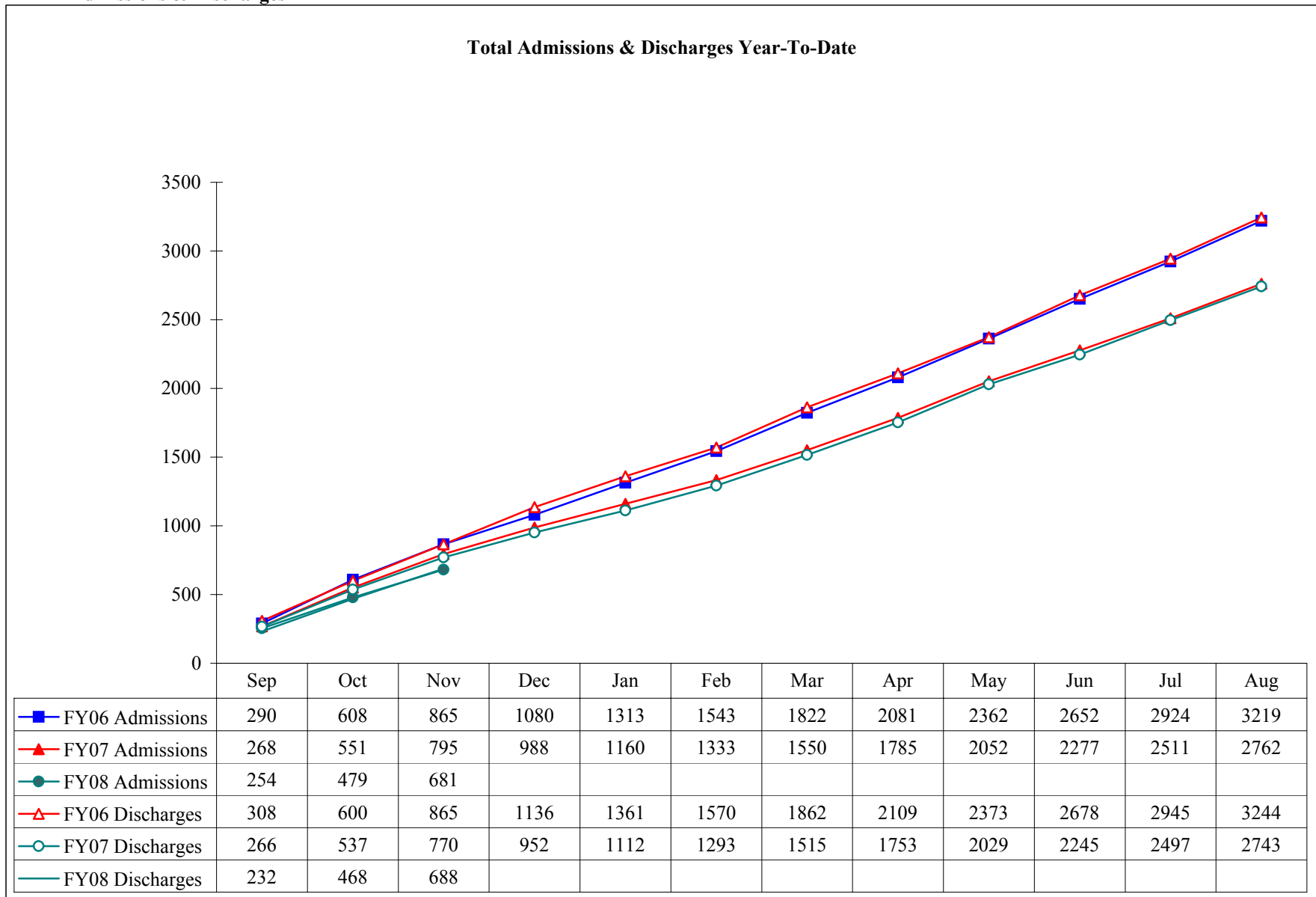
Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	290	272	295	268	283	244	193	172	173	217	235	267	225	234	251	254	225	202
Voluntary	24	22	28	28	34	16	13	9	13	16	28	24	16	20	13	19	19	8
Involuntary	266	250	267	240	249	228	180	163	160	201	207	243	209	214	238	235	206	194
OPC	80	85	98	66	72	60	62	53	60	78	56	83	67	76	91	69	52	55
Emergency	140	127	128	131	135	117	81	81	88	100	130	143	106	122	111	127	118	112
Temporary	26	31	37	37	24	22	29	28	11	23	16	12	26	14	28	23	27	14
Extended	1	0	1	1	0	0	1	0	1	0	0	1	0	1	2	0	2	0
46.02/46.03	18	7	3	3	17	29	7	1	0	0	5	1	7	0	3	14	4	11
Order for MR	1	0	0	2	1	0	0	0	0	0	0	3	3	1	3	2	3	2
Discharges	305	267	299	266	271	233	182	160	181	222	238	276	216	252	246	232	236	220
% New to System	42%	44%	39%	39%	43%	47%	42%	46%	45%	45%	54%	45%	42%	45%	43%	46%	46%	51%



Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
San Antonio State Hospital
FYTD Admissions & Discharges

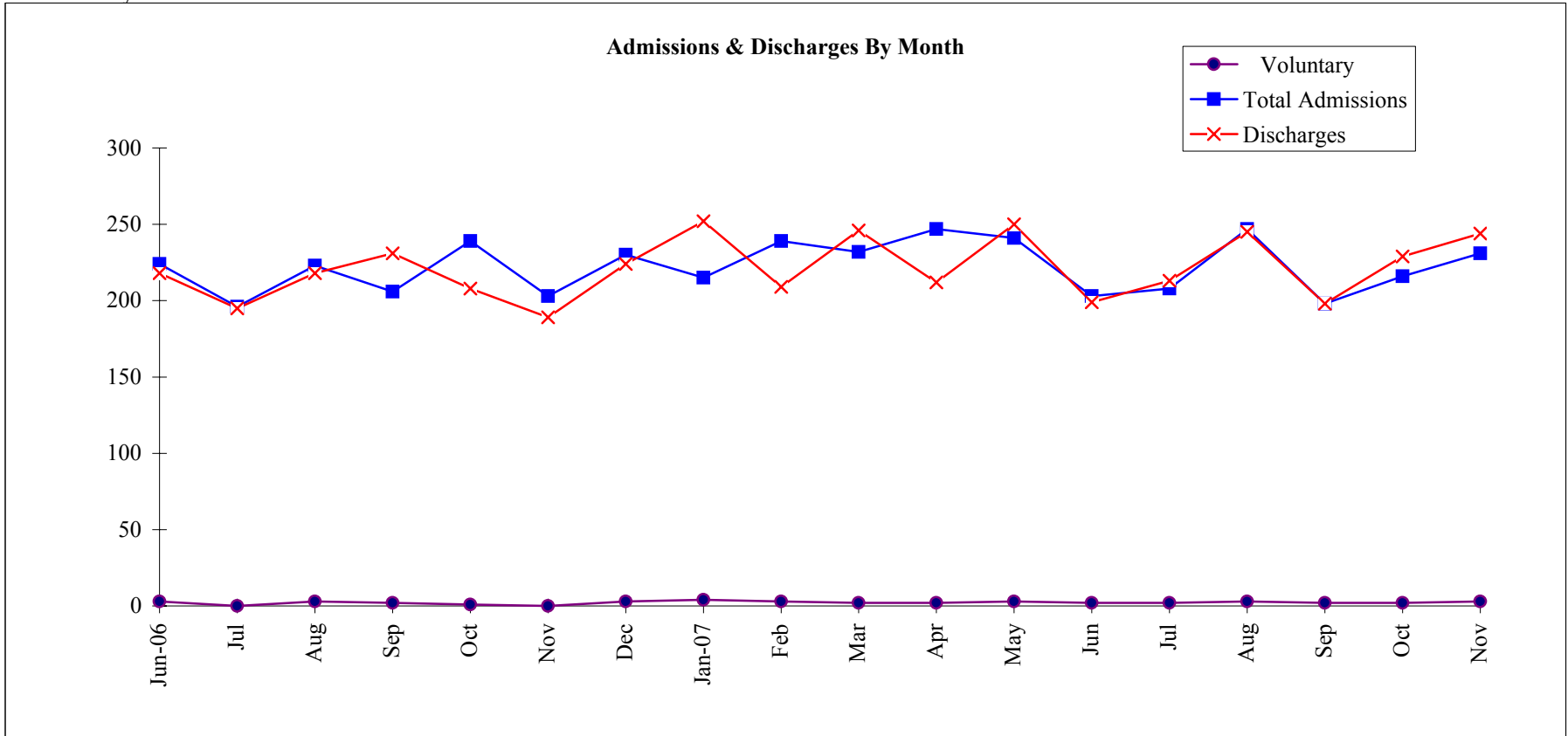


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Terrell State Hospital

Admissions by Month

	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	224	196	223	206	239	203	230	215	239	232	247	241	203	208	247	198	216	231
Voluntary	3	0	3	2	1	0	3	4	3	2	2	3	2	2	3	2	2	3
Involuntary	221	196	220	204	238	203	227	211	236	230	245	238	201	206	244	196	214	228
OPC	158	149	177	157	172	154	180	184	185	184	199	189	144	159	173	126	170	182
Emergency	13	6	17	7	11	10	12	12	10	12	14	4	6	5	9	10	8	8
Temporary	33	26	22	36	26	31	24	12	19	30	22	38	40	37	53	44	31	21
Extended	5	2	3	2	1	2	1	3	2	2	1	1	1	1	2	3	1	1
46.02/46.03	12	13	1	2	28	6	10	0	20	2	9	6	10	4	7	13	4	16
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	218	195	218	231	208	189	224	252	209	246	212	250	199	213	245	198	229	244
% New to System	45%	38%	45%	44%	42%	46%	39%	40%	44%	43%	43%	40%	38%	44%	44%	37%	40%	38%

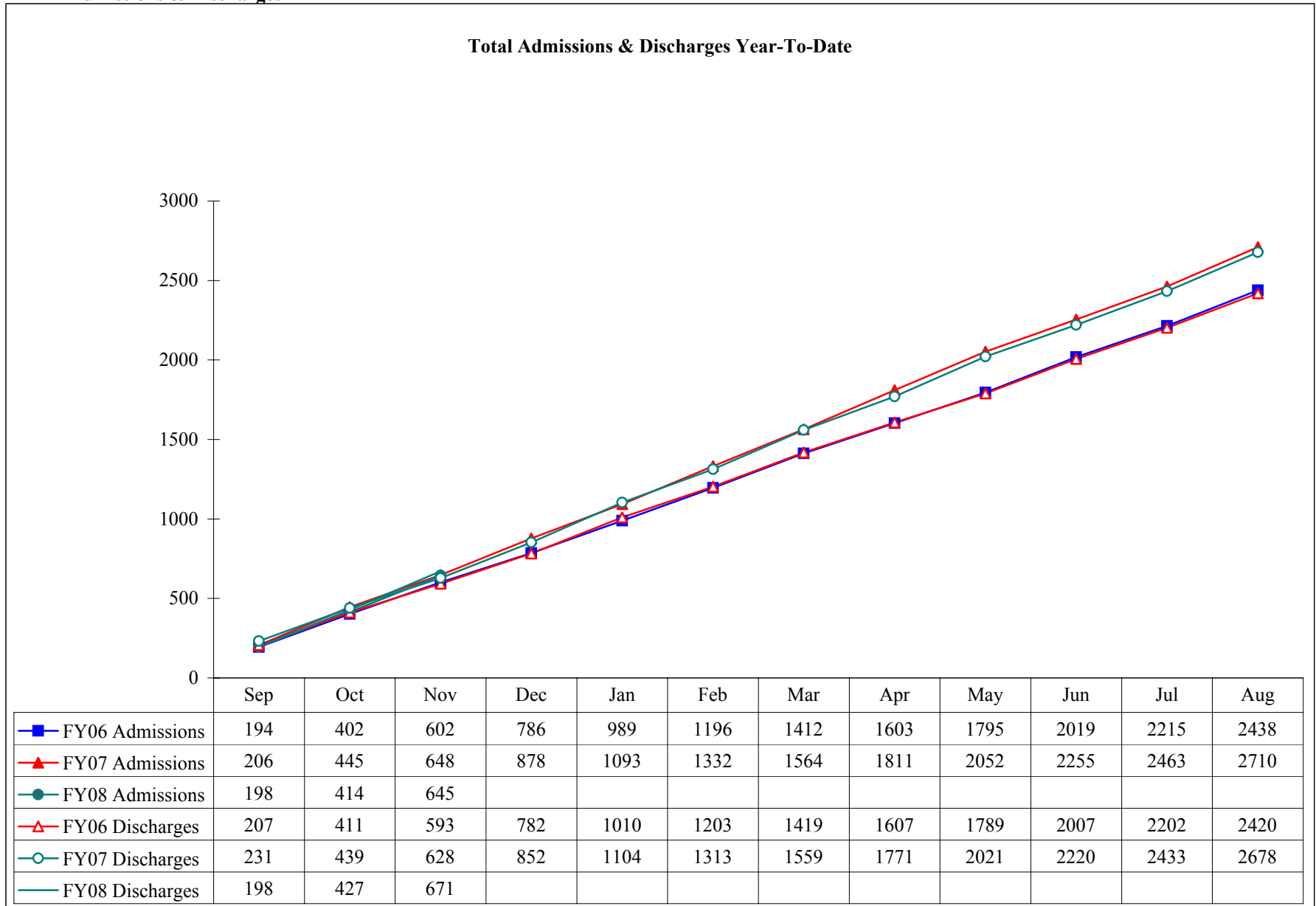


Source: Admis./Disch./Pop. by Month (HC022020/22),
Admissions To State Hospitals and 659 MH Units (SR6877.Hos)

Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

Terrell State Hospital

FYTD Admissions & Discharges

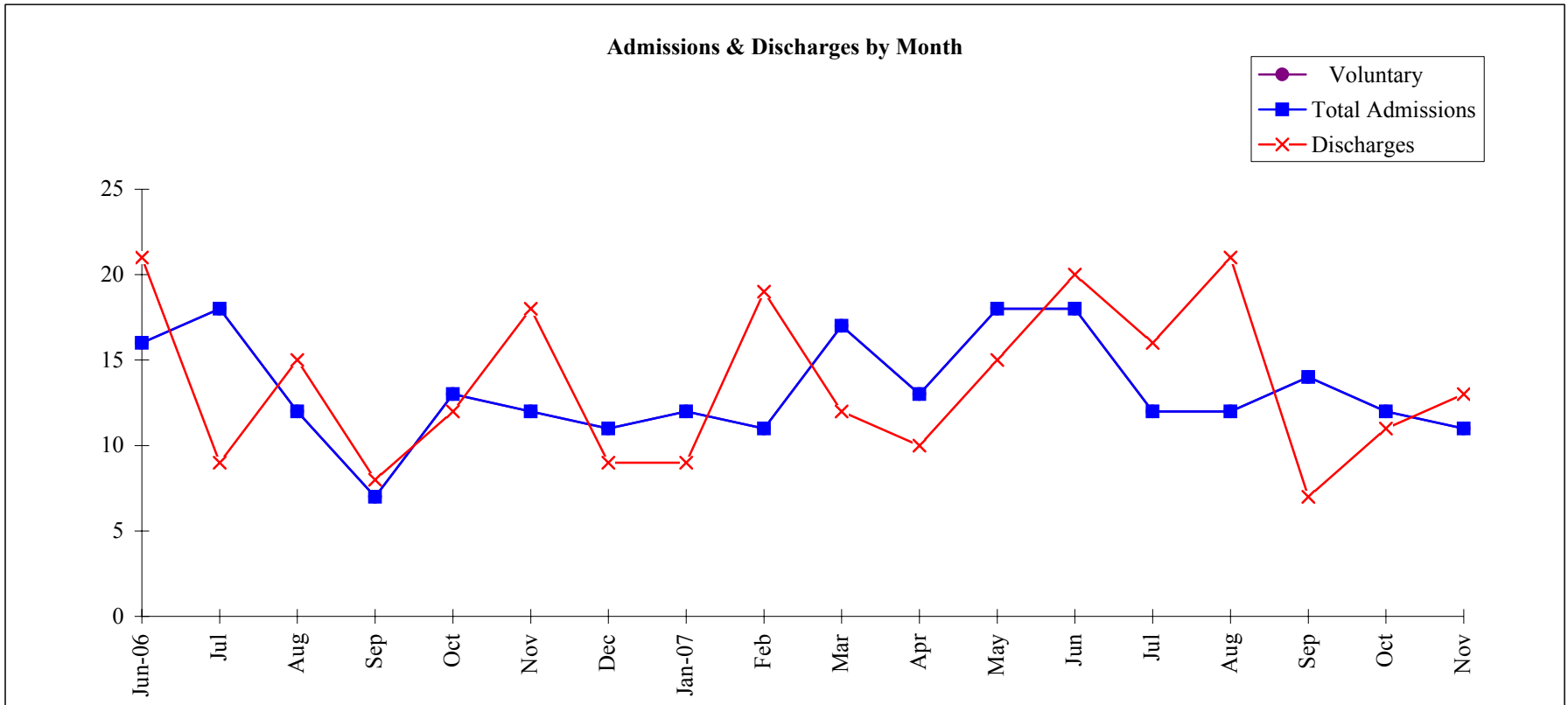


Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System

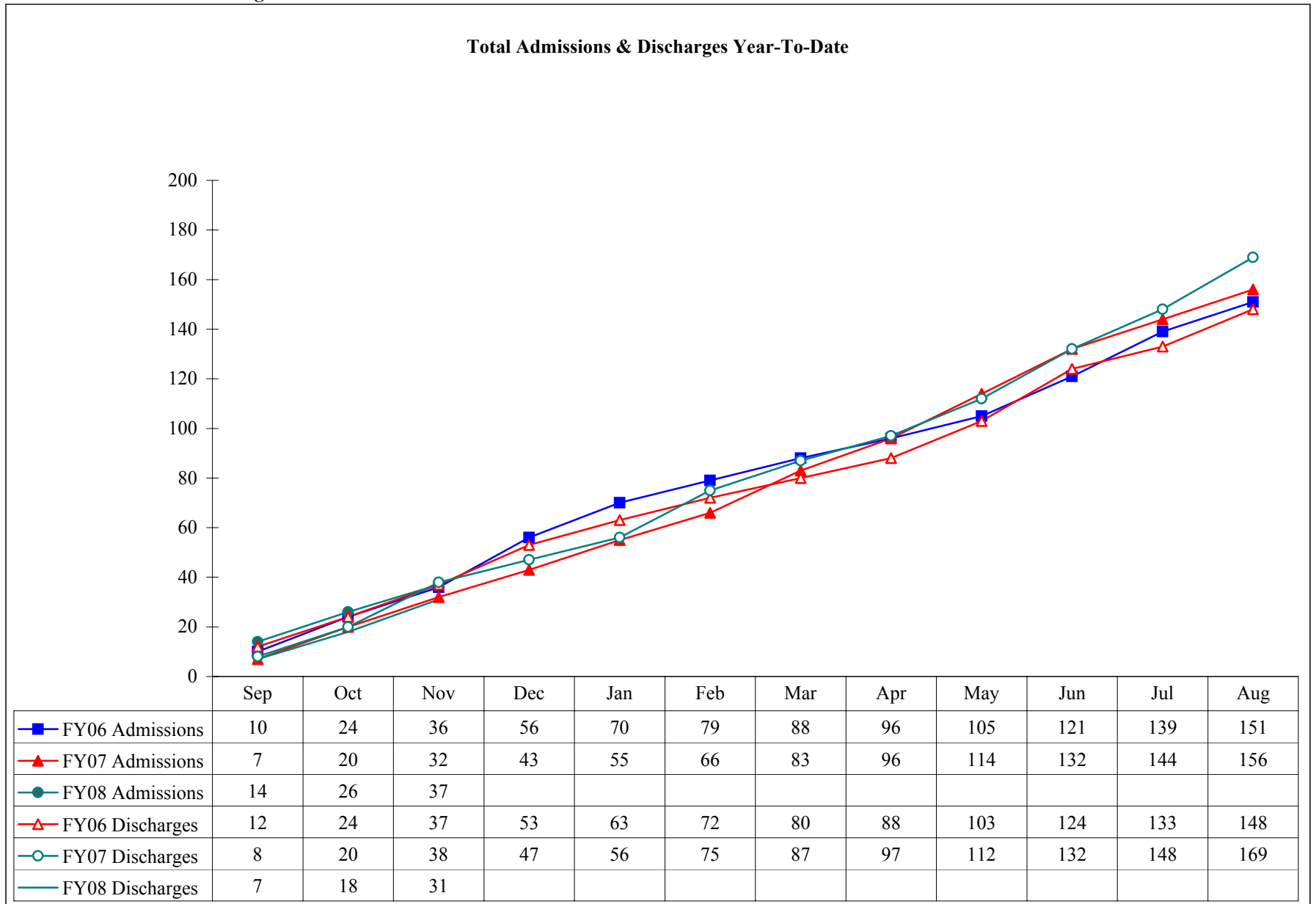
Waco Center for Youth

Admissions by Month

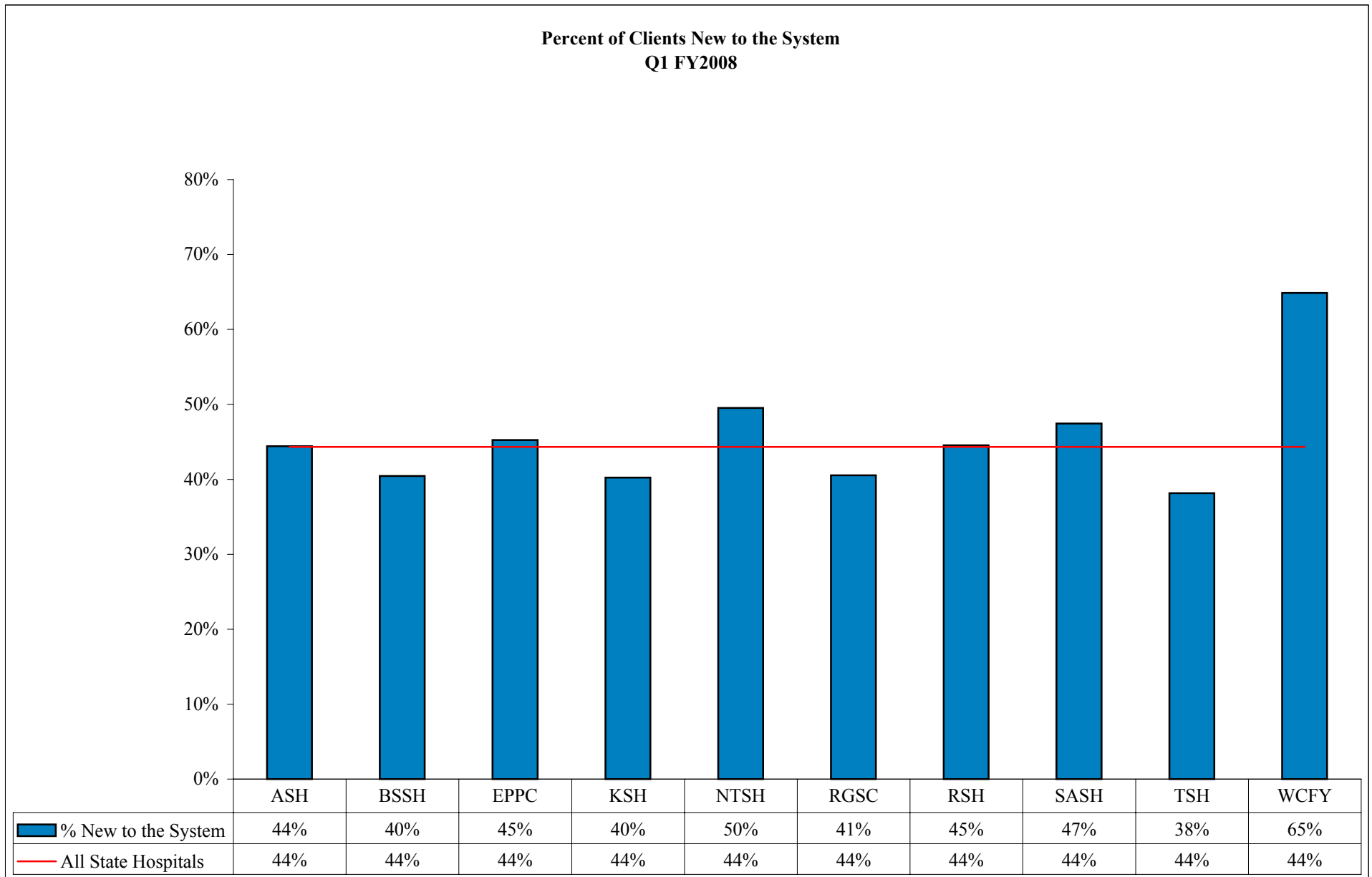
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Admissions	16	18	12	7	13	12	11	12	11	17	13	18	18	12	12	14	12	11
Voluntary	16	18	12	7	13	12	11	12	11	17	13	18	18	12	12	14	12	11
Involuntary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OPC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extended	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46.02/46.03	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Order for MR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	21	9	15	8	12	18	9	9	19	12	10	15	20	16	21	7	11	13
% New to System	38%	44%	58%	71%	54%	75%	73%	50%	91%	53%	31%	72%	39%	42%	58%	57%	58%	82%



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
Waco Center for Youth
FYTD Admissions & Discharges



Measure 5A - Number/Type of Admissions, Number of Discharges and % New to the System
All State Hospitals



Performance Measure 5B:

Percent of forensic/non forensic discharges returned to the community will be calculated 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Operational Definition: Percent of forensic/non forensic discharges returned to the community will be calculated on a quarterly basis for: 7 days or less; 8 to 30 days; 31 to 90 days; and greater than 90 days.

Performance Measure Formula:

Rate = (N/D) x 100

N = # persons discharged during time frame

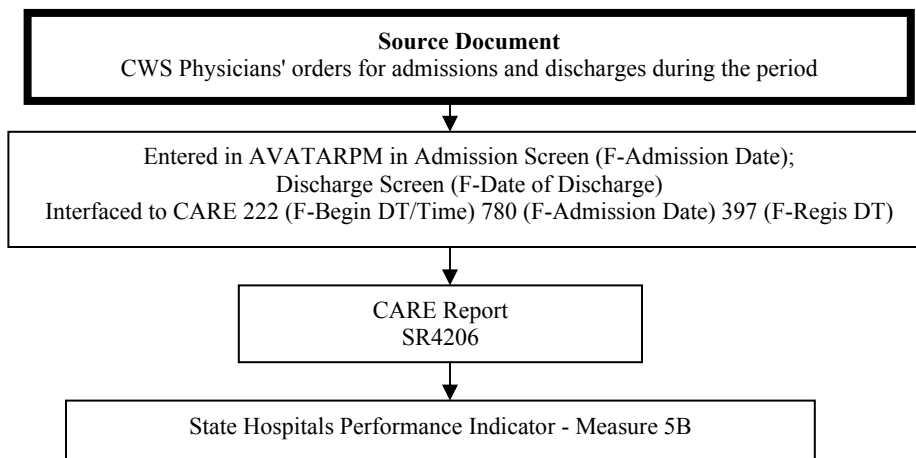
D = total persons discharged during the quarter

Net length of stay for persons who were discharged using codes (DRE) Discharge with Reassignment) or (DNS) Discharge No More Services, or sent on Absence Trial Placement (ATP), unless they were referred to another campus-based program. (It eliminates persons who were discharged during the period and who were counted because of an ATP in a prior reporting period. It does not include persons who were discharged against medical advice (DMA) or who died (DED) during the quarter. The report uses net length of stay, which is the number of days an individual was resident on campus, not including days absent).

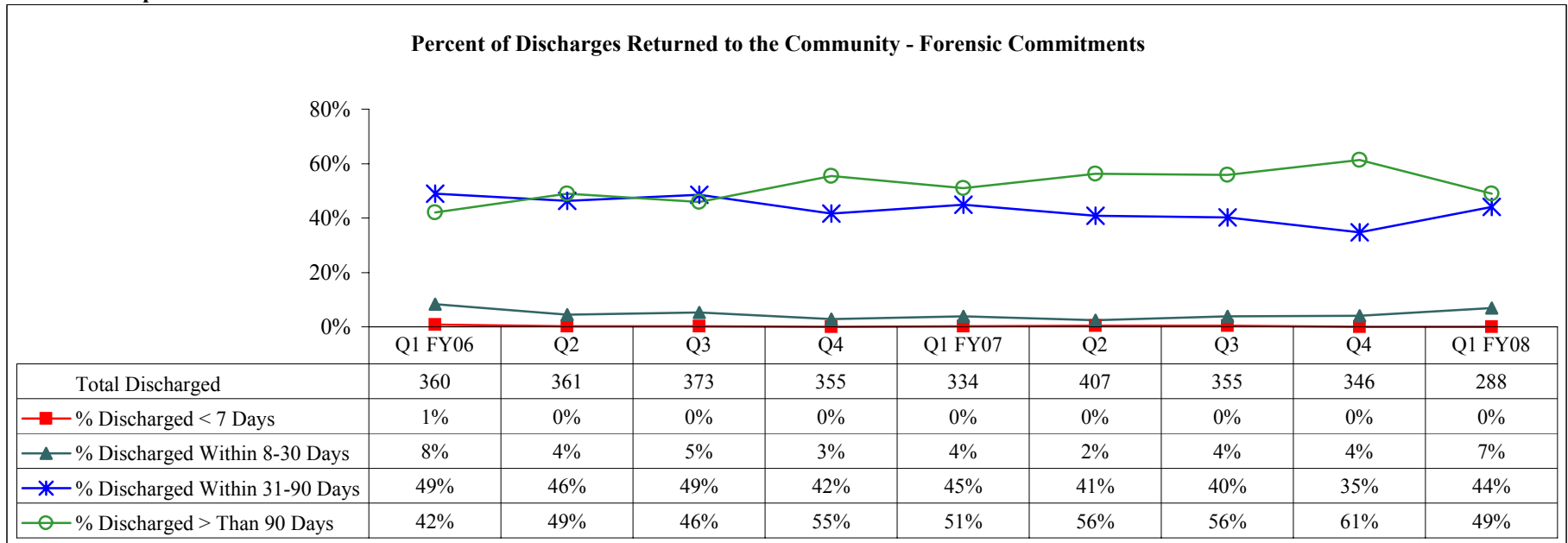
Performance Measure Data Display and Chart Description:

- ◆ Chart with quarterly data points of percent of forensic/non forensic discharges returned to the community for individual state hospitals and system-wide
- ◆ Table shows total discharges for the quarter for individual state hospitals and system-wide.

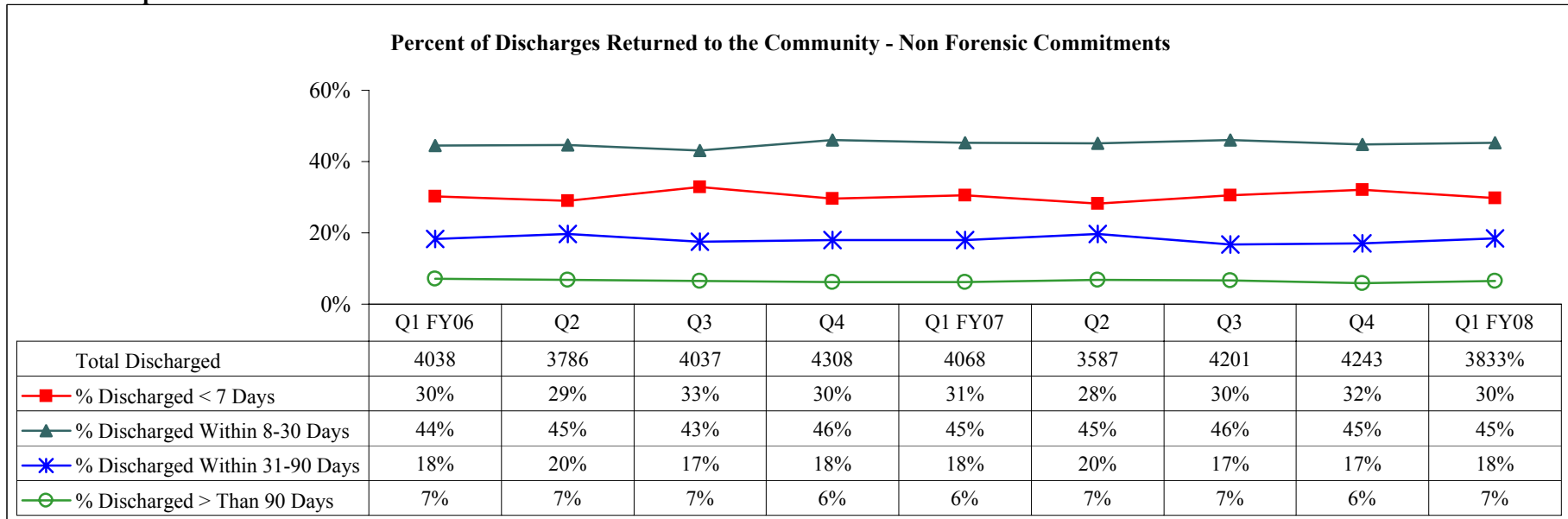
Data Flow:



Measure 5B - Percent of Discharges Returned to the Community
All State Hospitals - Forensic



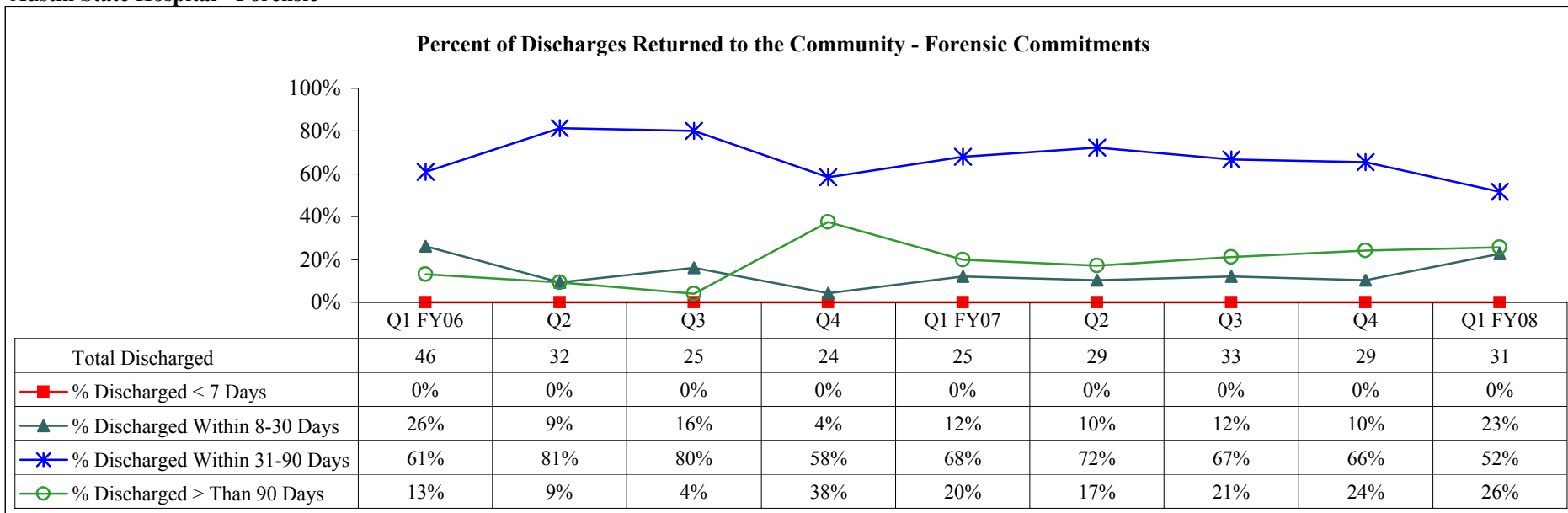
Measure 5B - Percent of Discharges Returned to the Community
All State Hospitals - Non Forensic



Source: Percent of Forensic/Non-Forensic Discharges Returned to Community
 (SR4206)

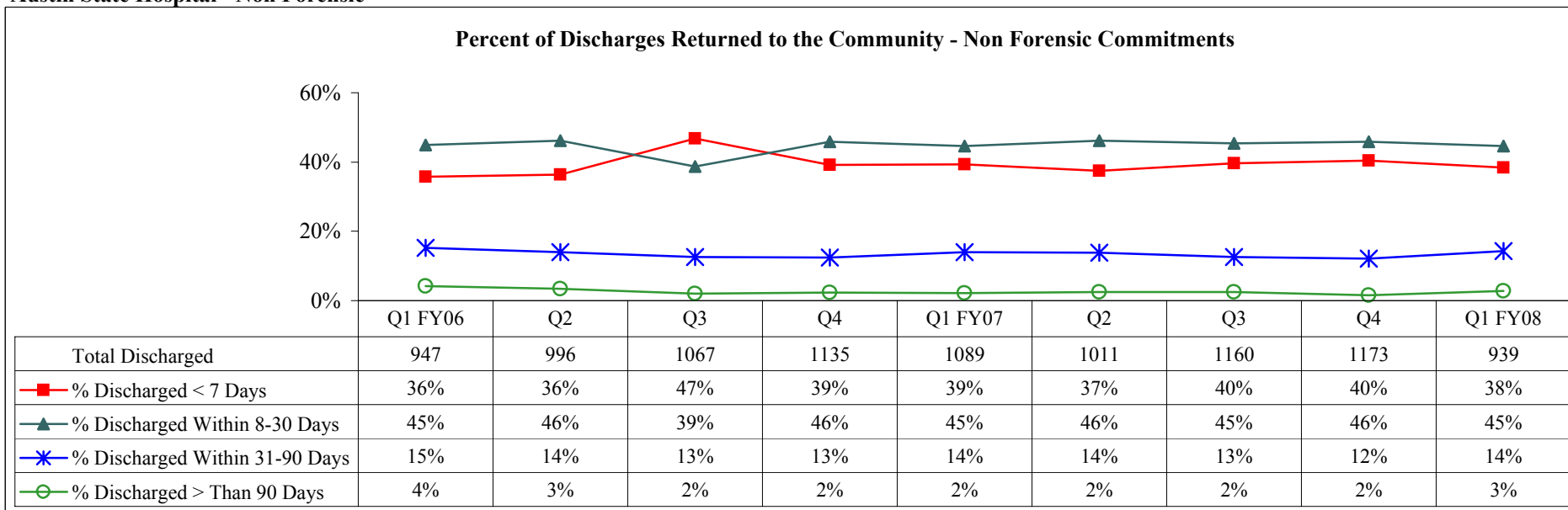
Measure 5B - Percent of Discharges Returned to the Community

Austin State Hospital - Forensic



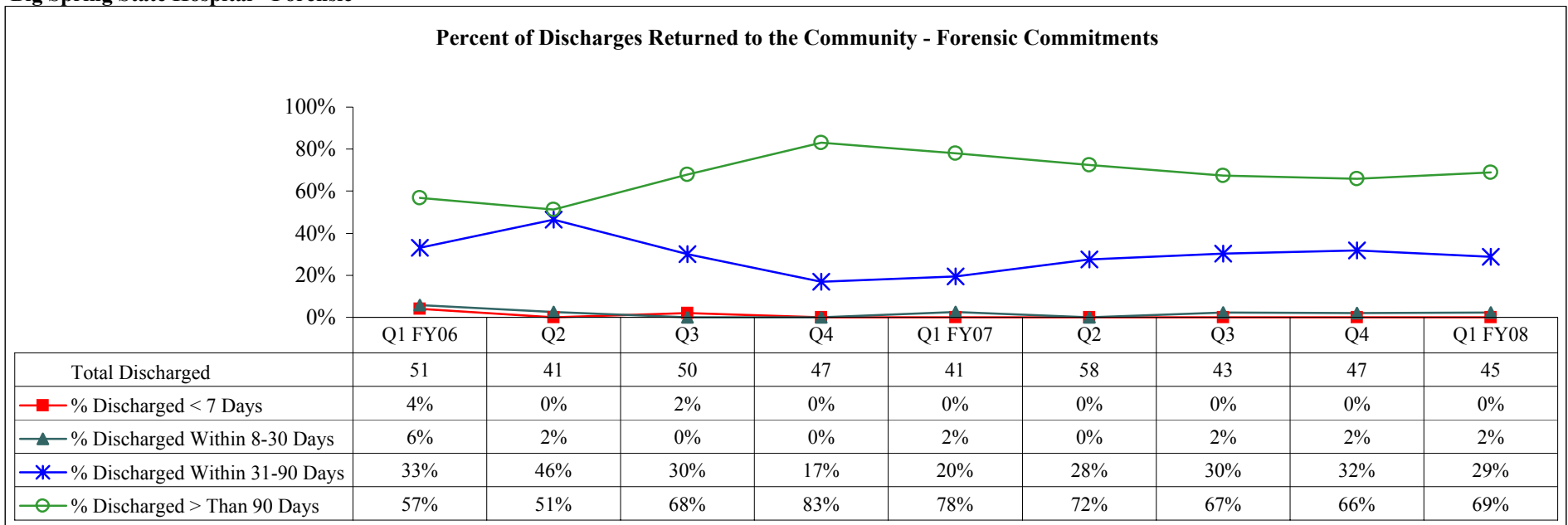
Measure 5B - Percent of Discharges Returned to the Community

Austin State Hospital - Non Forensic

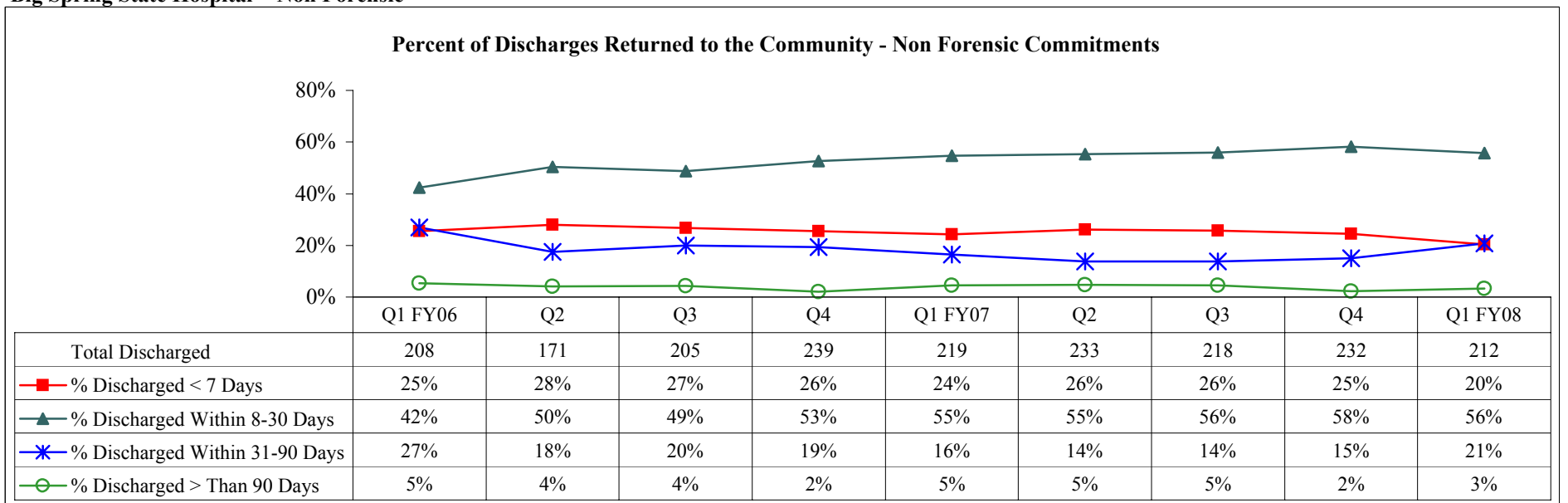


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Forensic



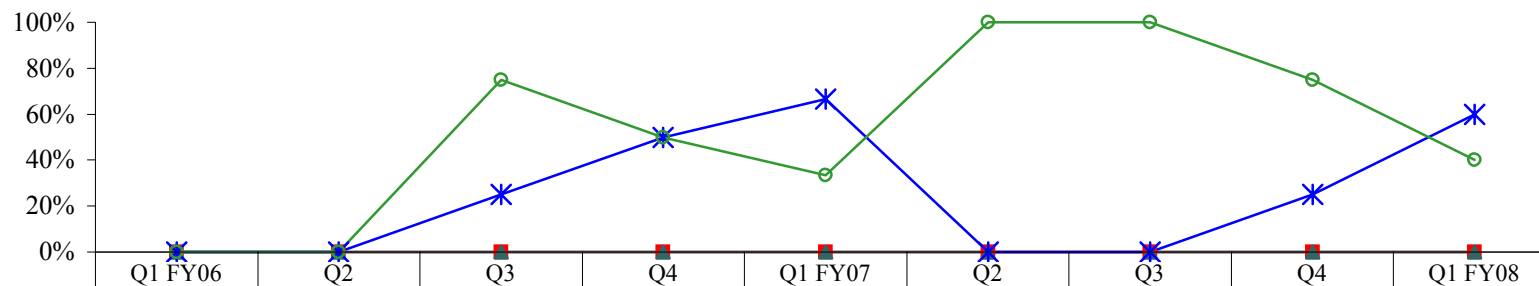
Measure 5B - Percent of Discharges Returned to the Community
Big Spring State Hospital - Non Forensic



Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

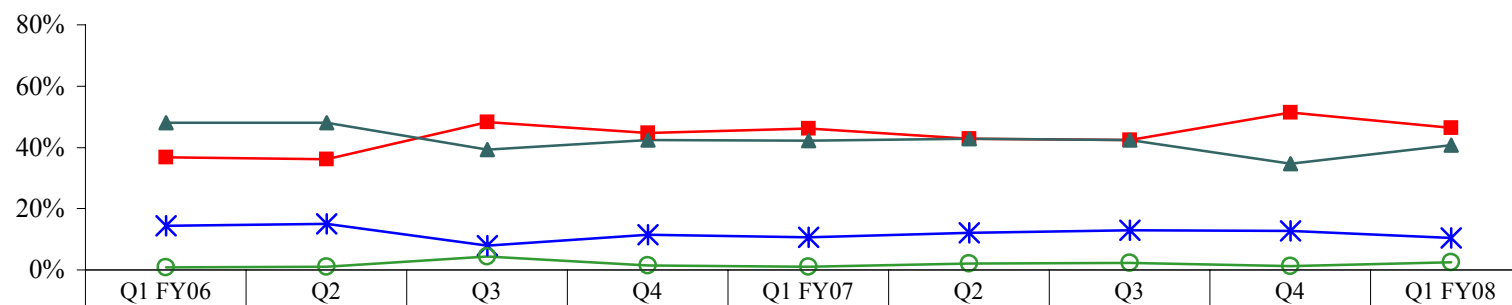


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
Total Discharged	0	0	4	4	3	4	3	4	5
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	25%	50%	67%	0%	0%	25%	60%
% Discharged > Than 90 Days	0%	0%	75%	50%	33%	100%	100%	75%	40%

Measure 5B - Percent of Discharges Returned to the Community

El Paso Psychiatric Center - Non Forensic

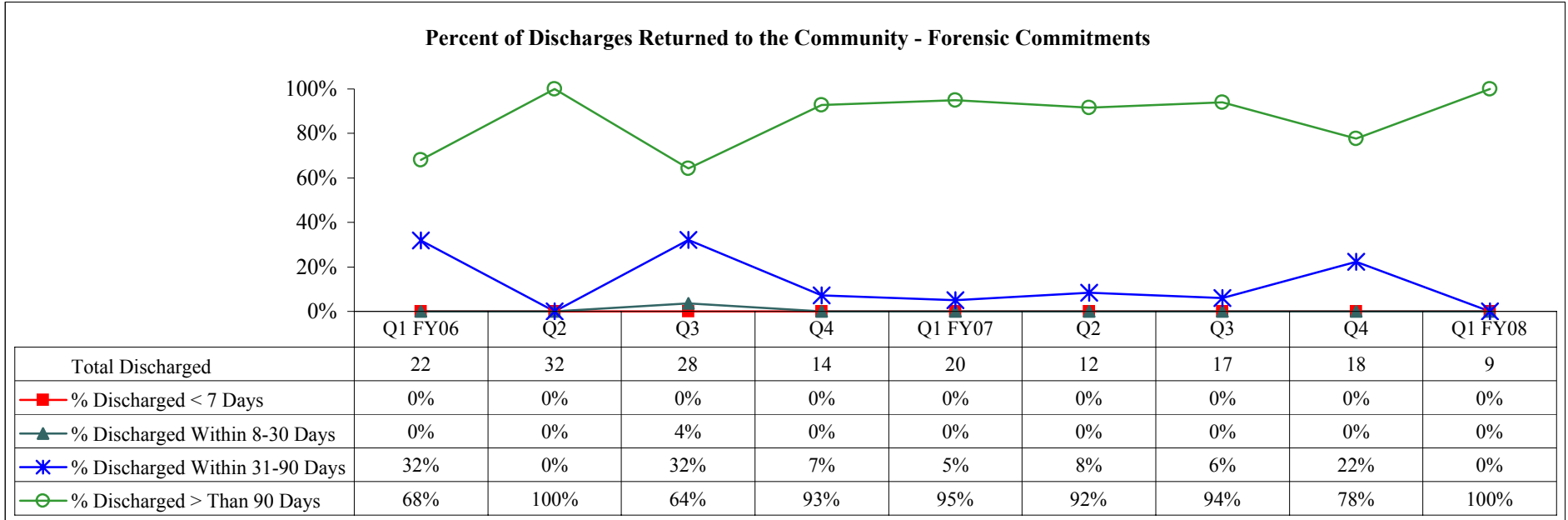
Percent of Discharges Returned to the Community - Non Forensic Commitments



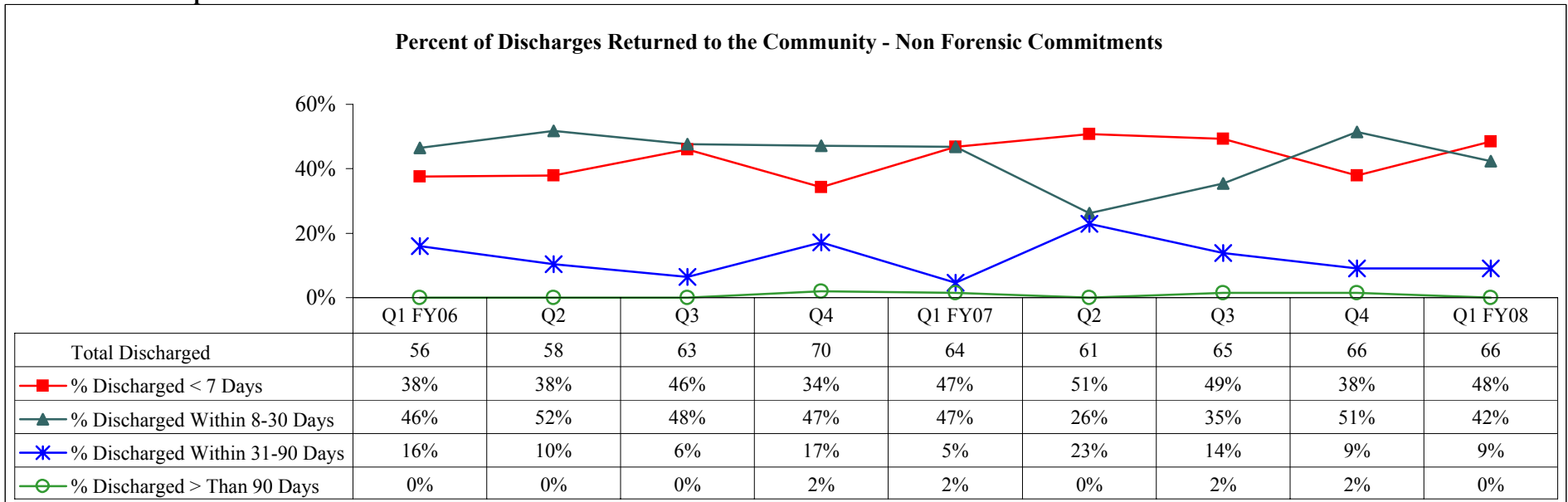
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
Total Discharged	237	194	249	262	273	240	271	259	280
% Discharged < 7 Days	37%	36%	48%	45%	46%	43%	42%	51%	46%
% Discharged Within 8-30 Days	48%	48%	39%	42%	42%	43%	42%	35%	41%
% Discharged Within 31-90 Days	14%	15%	8%	11%	11%	12%	13%	13%	10%
% Discharged > Than 90 Days	1%	1%	4%	2%	1%	2%	2%	1%	3%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Forensic

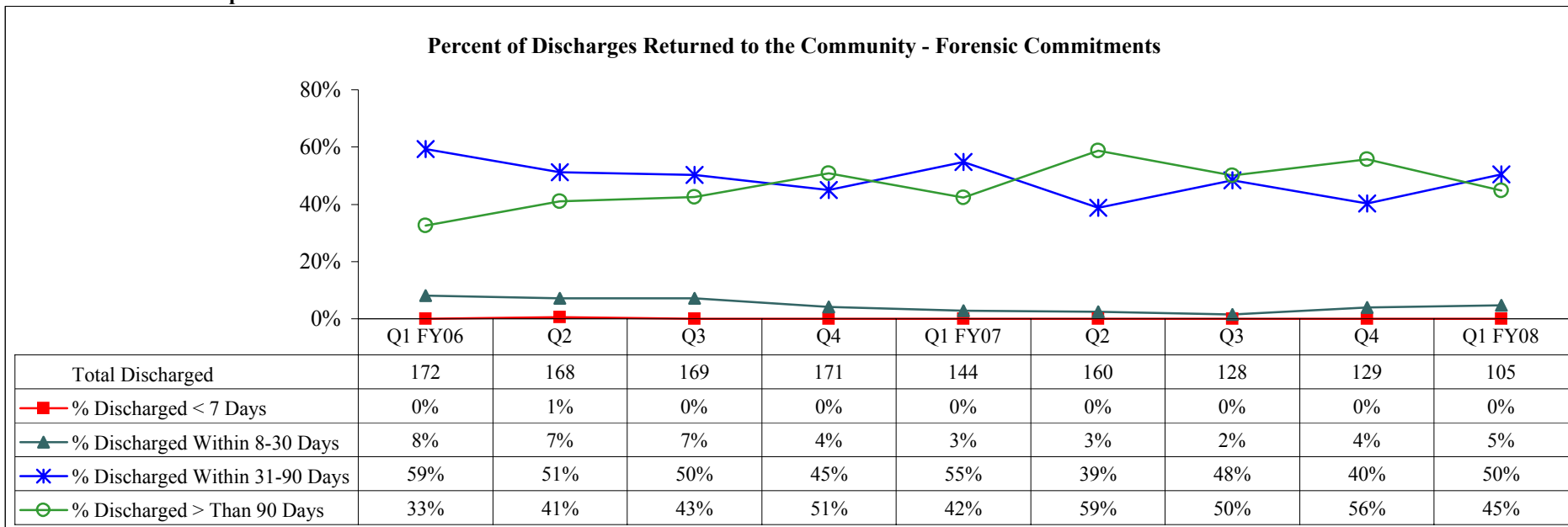


Measure 5B - Percent of Discharges Returned to the Community
Kerrville State Hospital - Non Forensic



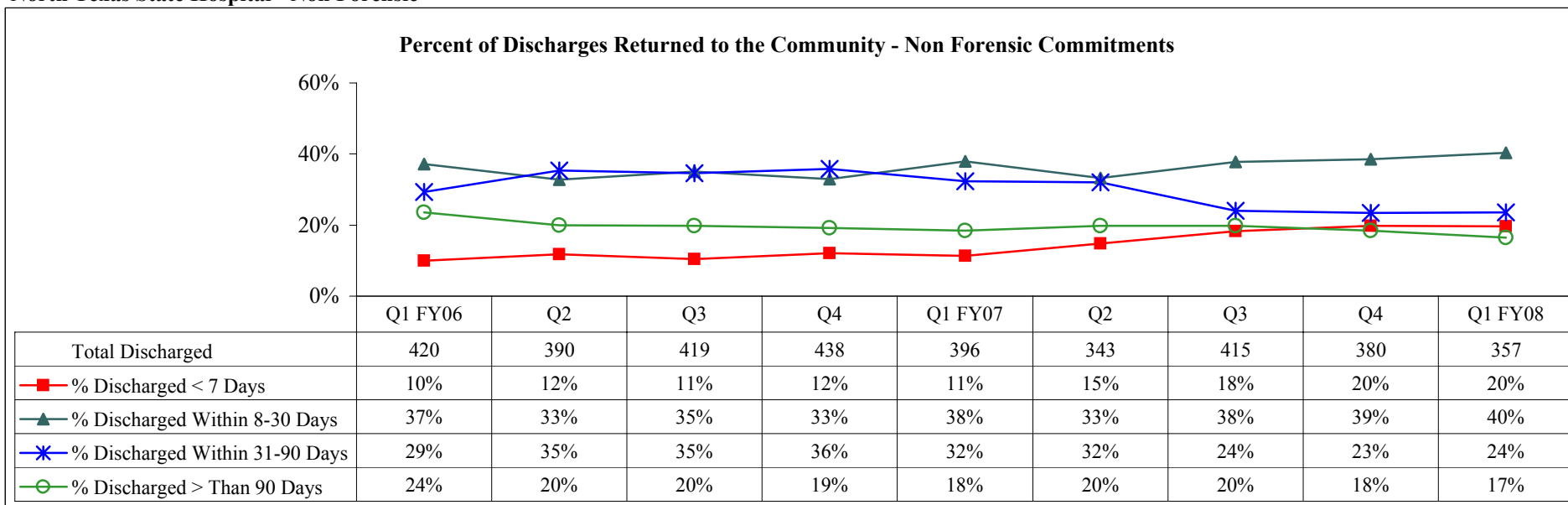
Measure 5B - Percent of Discharges Returned to the Community

North Texas State Hospital - Forensic



Measure 5B - Percent of Discharges Returned to the Community

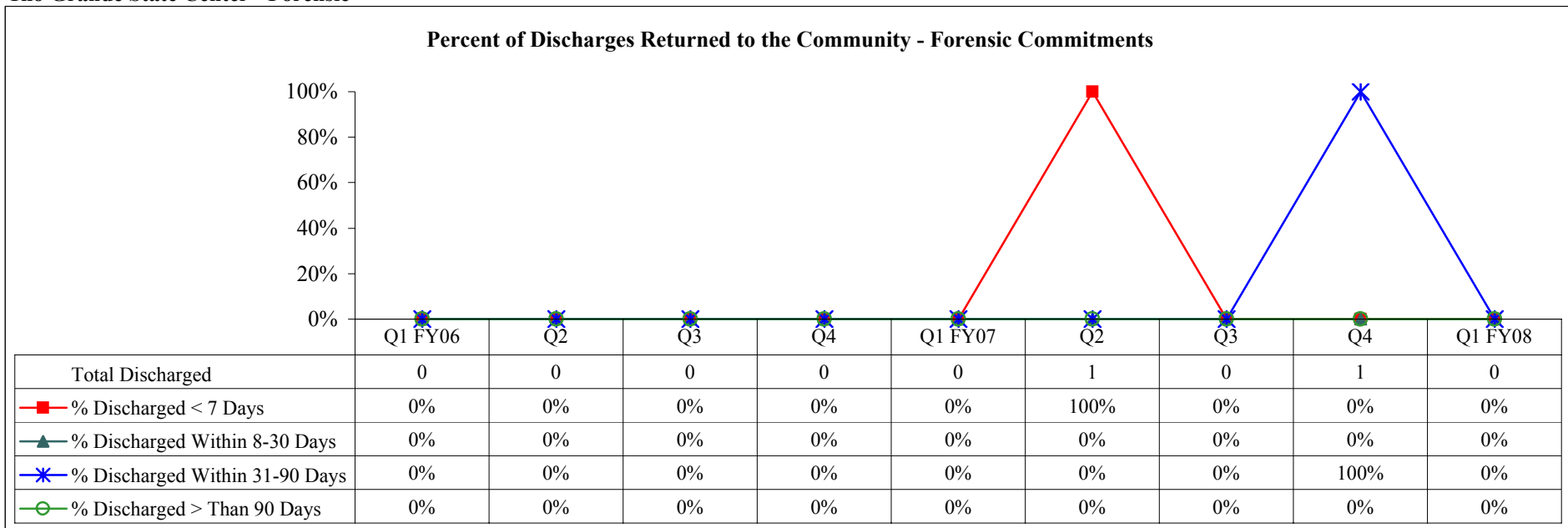
North Texas State Hospital - Non Forensic



Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

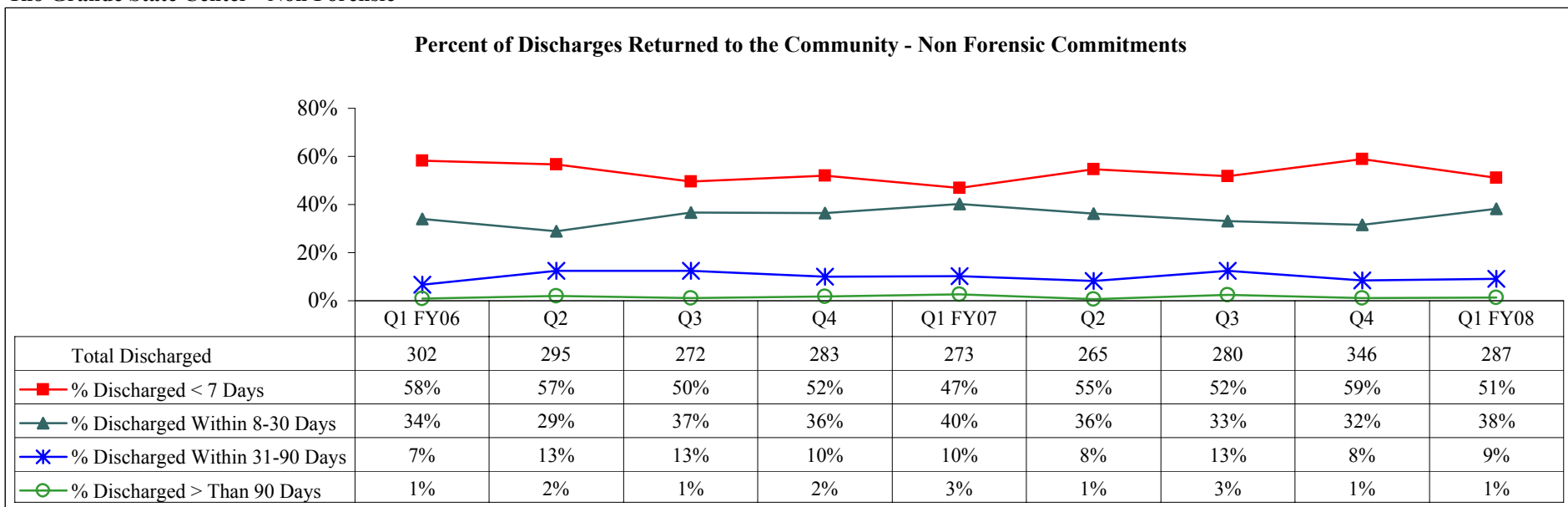
Measure 5B - Percent of Discharges Returned to the Community

Rio Grande State Center - Forensic



Measure 5B - Percent of Discharges Returned to the Community

Rio Grande State Center - Non Forensic

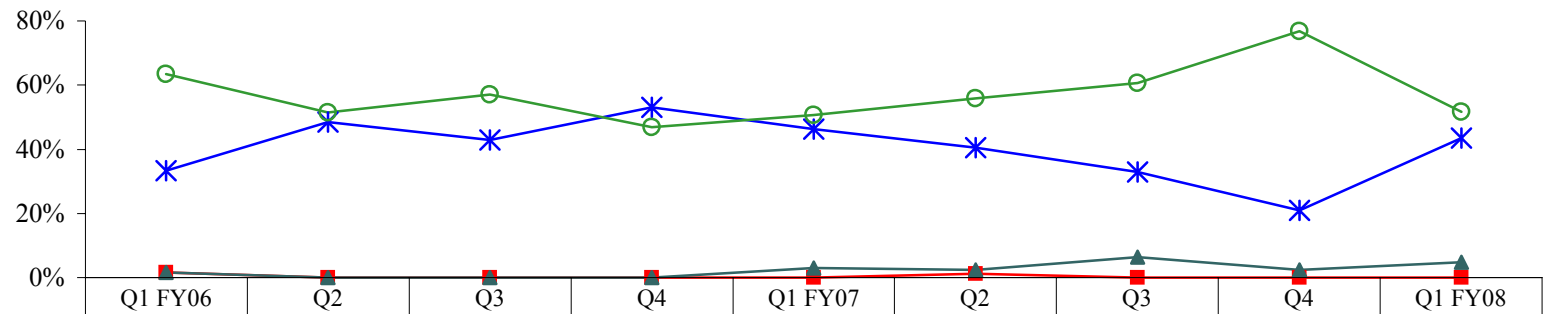


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

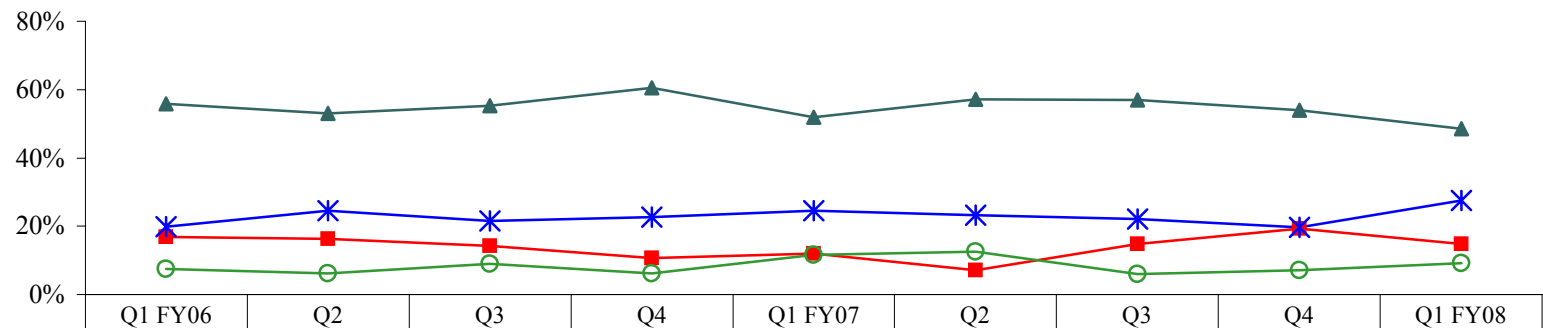


	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
Total Discharged	63	70	63	49	69	84	94	86	62
■ % Discharged < 7 Days	2%	0%	0%	0%	0%	1%	0%	0%	0%
▲ % Discharged Within 8-30 Days	2%	0%	0%	0%	3%	2%	6%	2%	5%
✱ % Discharged Within 31-90 Days	33%	49%	43%	53%	46%	40%	33%	21%	44%
○ % Discharged > Than 90 Days	63%	51%	57%	47%	51%	56%	61%	77%	52%

Measure 5B - Percent of Discharges Returned to the Community

Rusk State Hospital - Non Forensic

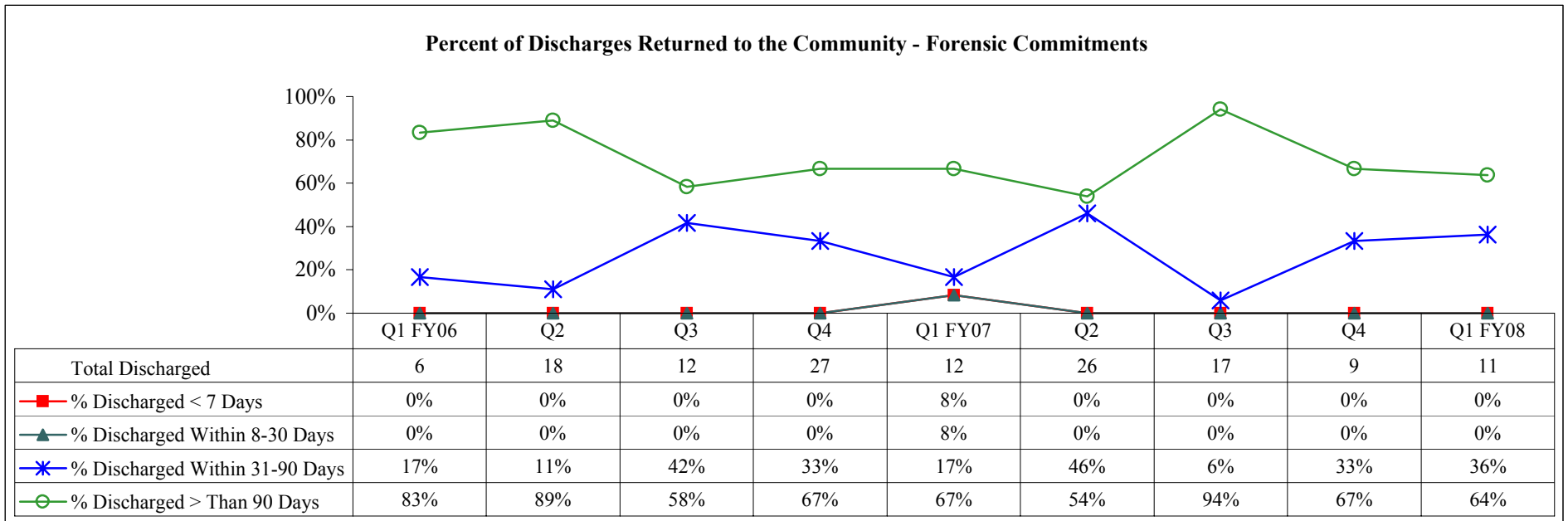
Percent of Discharges Returned to the Community - Non Forensic Commitments



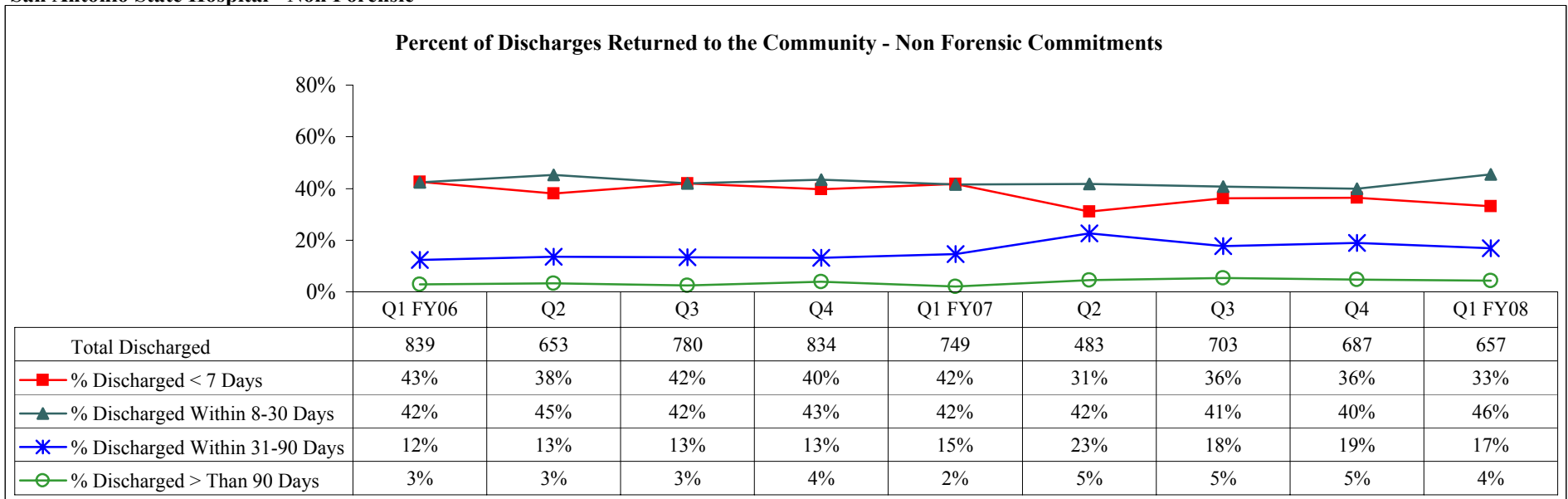
	Q1 FY06	Q2	Q3	Q4	Q1 FY07	Q2	Q3	Q4	Q1 FY08
Total Discharged	417	391	393	420	378	280	379	425	392
■ % Discharged < 7 Days	17%	16%	14%	11%	12%	7%	15%	19%	15%
▲ % Discharged Within 8-30 Days	56%	53%	55%	60%	52%	57%	57%	54%	48%
✱ % Discharged Within 31-90 Days	20%	25%	22%	23%	25%	23%	22%	20%	28%
○ % Discharged > Than 90 Days	7%	6%	9%	6%	12%	13%	6%	7%	9%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

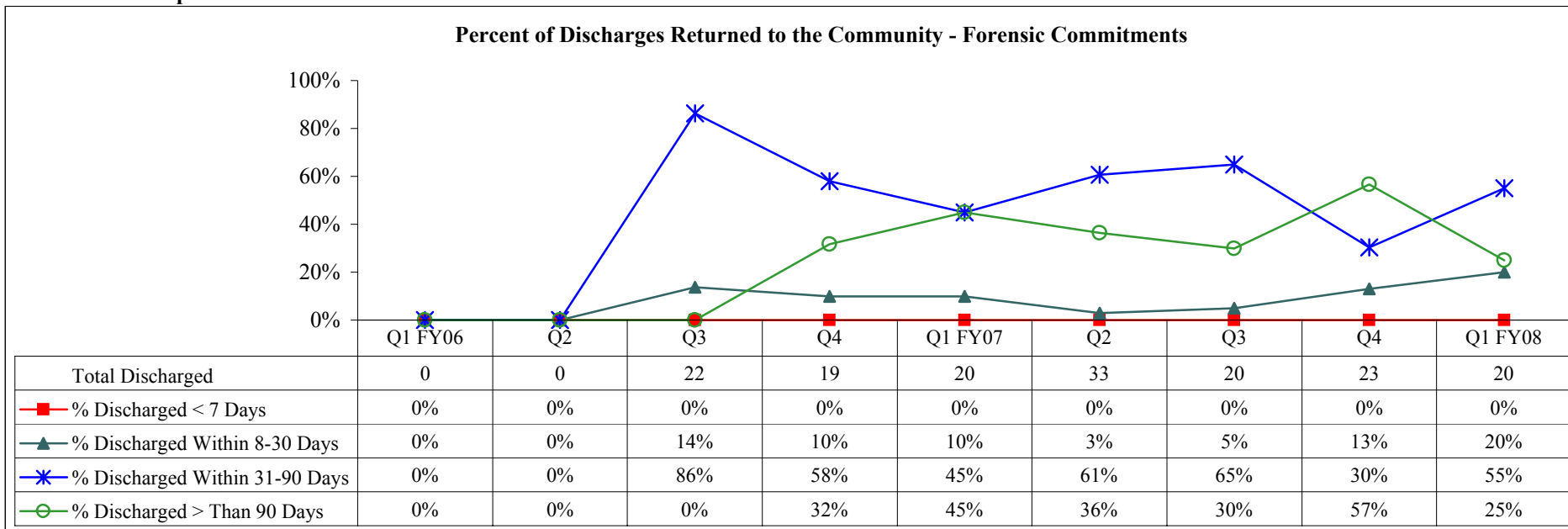
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Forensic



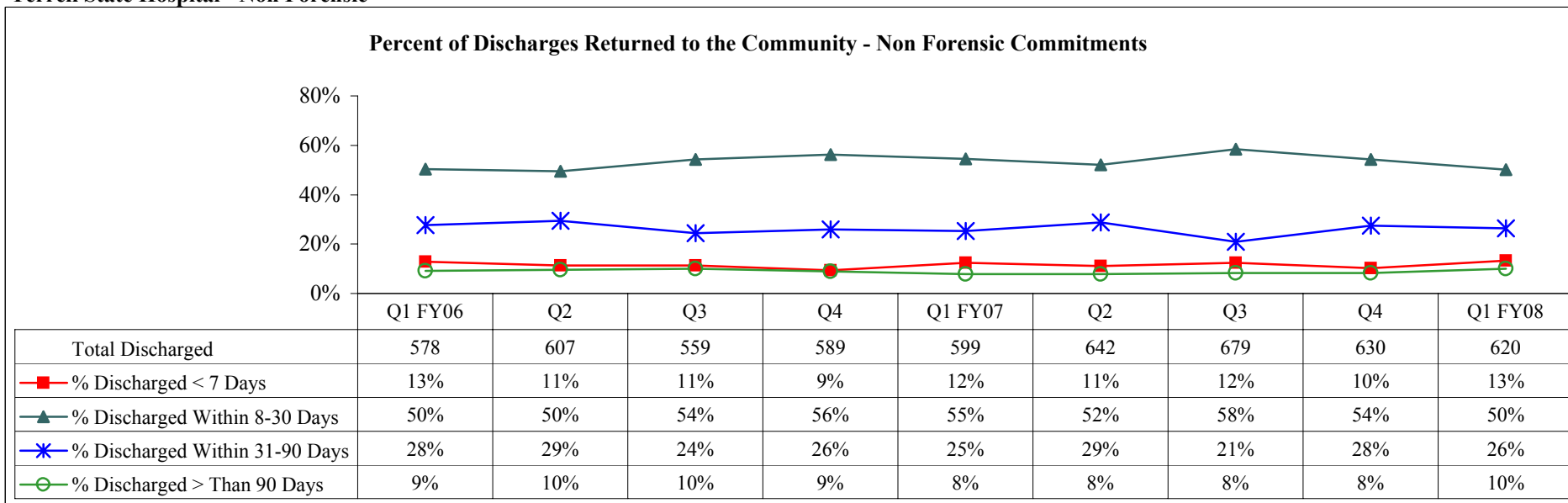
Measure 5B - Percent of Discharges Returned to the Community
San Antonio State Hospital - Non Forensic



Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Forensic



Measure 5B - Percent of Discharges Returned to the Community
Terrell State Hospital - Non Forensic

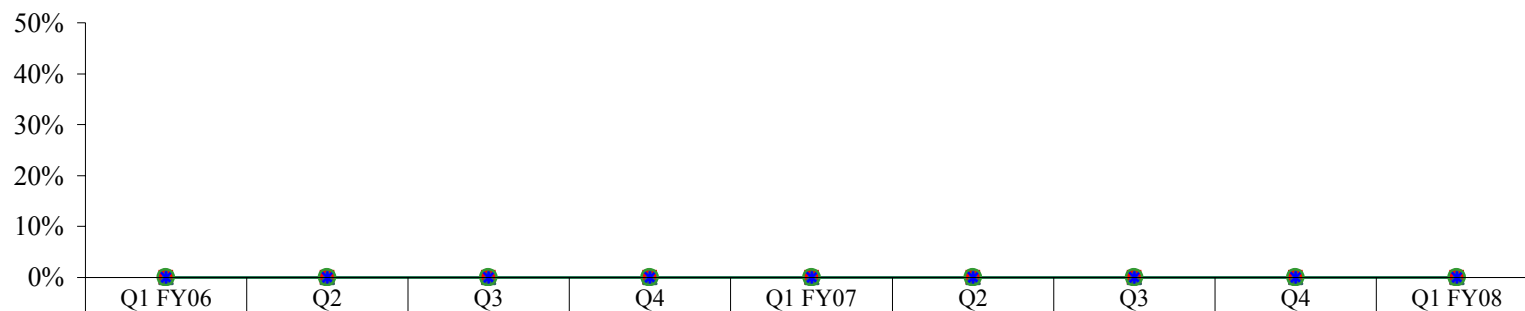


Source: Percent of Forensic/Non-Forensic Discharges Returned to Community
 (SR4206)

Measure 5B - Percent of Discharges Returned to the Community

Waco Center for Youth - Forensic

Percent of Discharges Returned to the Community - Forensic Commitments

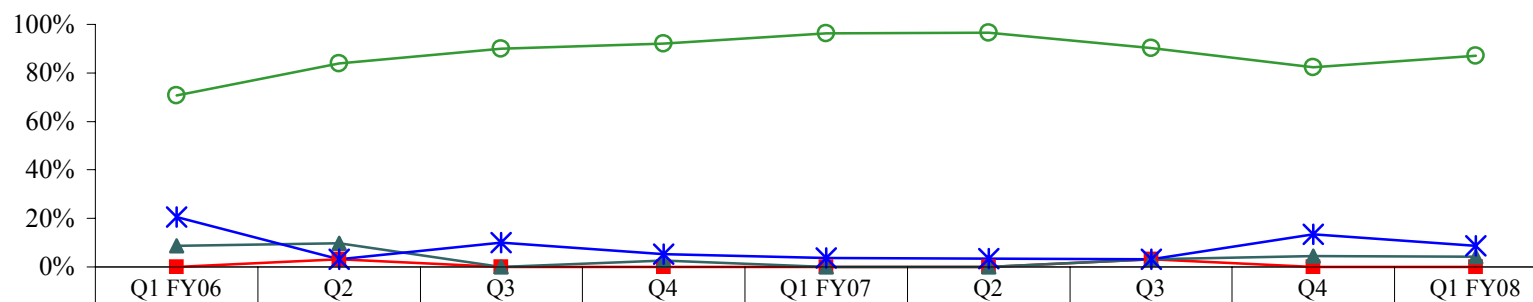


Total Discharged	0	0	0	0	0	0	0	0	0
% Discharged < 7 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 8-30 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged Within 31-90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%
% Discharged > Than 90 Days	0%	0%	0%	0%	0%	0%	0%	0%	0%

Measure 5B - Percent of Discharges Returned to the Community

Waco Center for Youth - Non Forensic

Percent of Discharges Returned to the Community -Non Forensic Commitments



Total Discharged	34	31	30	38	28	29	31	45	23
% Discharged < 7 Days	0%	3%	0%	0%	0%	0%	3%	0%	0%
% Discharged Within 8-30 Days	9%	10%	0%	3%	0%	0%	3%	5%	4%
% Discharged Within 31-90 Days	21%	3%	10%	5%	4%	3%	3%	13%	9%
% Discharged > Than 90 Days	71%	84%	90%	92%	96%	97%	90%	82%	87%

Source: Percent of Forensic/Non-Forensic Discharges Returned to Community (SR4206)

Performance Measure 5C:

TCID will report: number of admissions; average length of stay; number of outpatient admissions; number of inpatient admissions by categories (tuberculoses, multi-drug resistant tuberculoses, and extensively drug related tuberculosis).

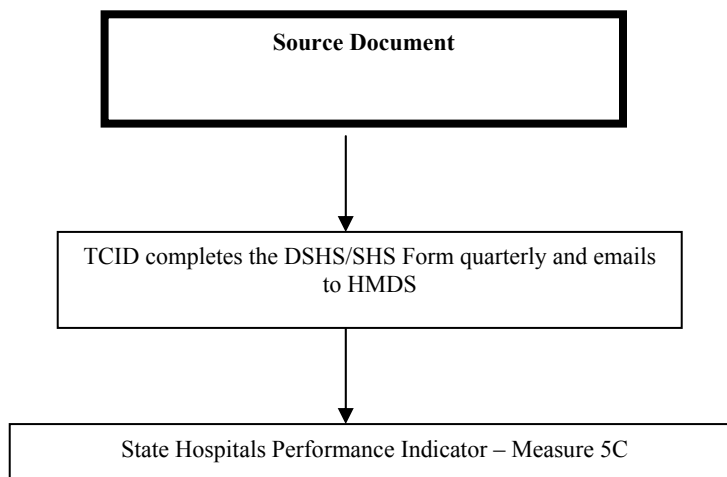
Performance Measure Operational Definition:

Performance Measure Formula: No formula – continuous variable.

Performance Measure Data Display and Chart Description:

Table shows monthly numbers of admissions; average length of stay; number of patients admitted for inpatient care and treatment; number of outpatient admissions; number of inpatient admissions by categories.

Data Flow:



Measure 5C - Admissions and Average Length of Stay
TCID

	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr
Admissions	9	8	3					
Average Length of Stay	136	113	202					
Number of Patients Admitted for Inpatient Care & Treatment	9	8	3					
Tuberculoses	9	8	3					
Multi-drug related tuberculoses	0	1	0					
Extensively drug related tuberculosis	0	0	0					
Number of Outpatient Admissions	1	0	0					

Performance Measure 5D:

Average length of stay in the hospital will be calculated on a quarterly basis for those patients: Admitted and discharged within 12 months, and all discharges.

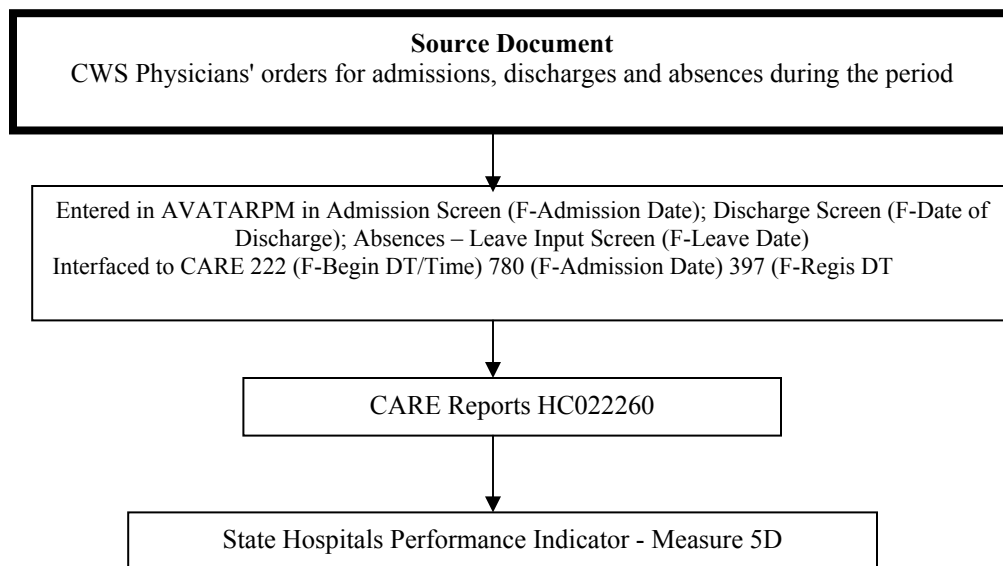
Performance Measure Operational Definition: The state hospital average length of stay at discharged using admissions, absence and discharge data.

Performance Measure Formula: Net length of stay calculated by subtracting the date of admission from the date of discharge, and then subtracting days absent. Length of Stay for Admitted and Discharged During Prior Twelve Months shows how many people were both admitted and discharged during the prior twelve months.

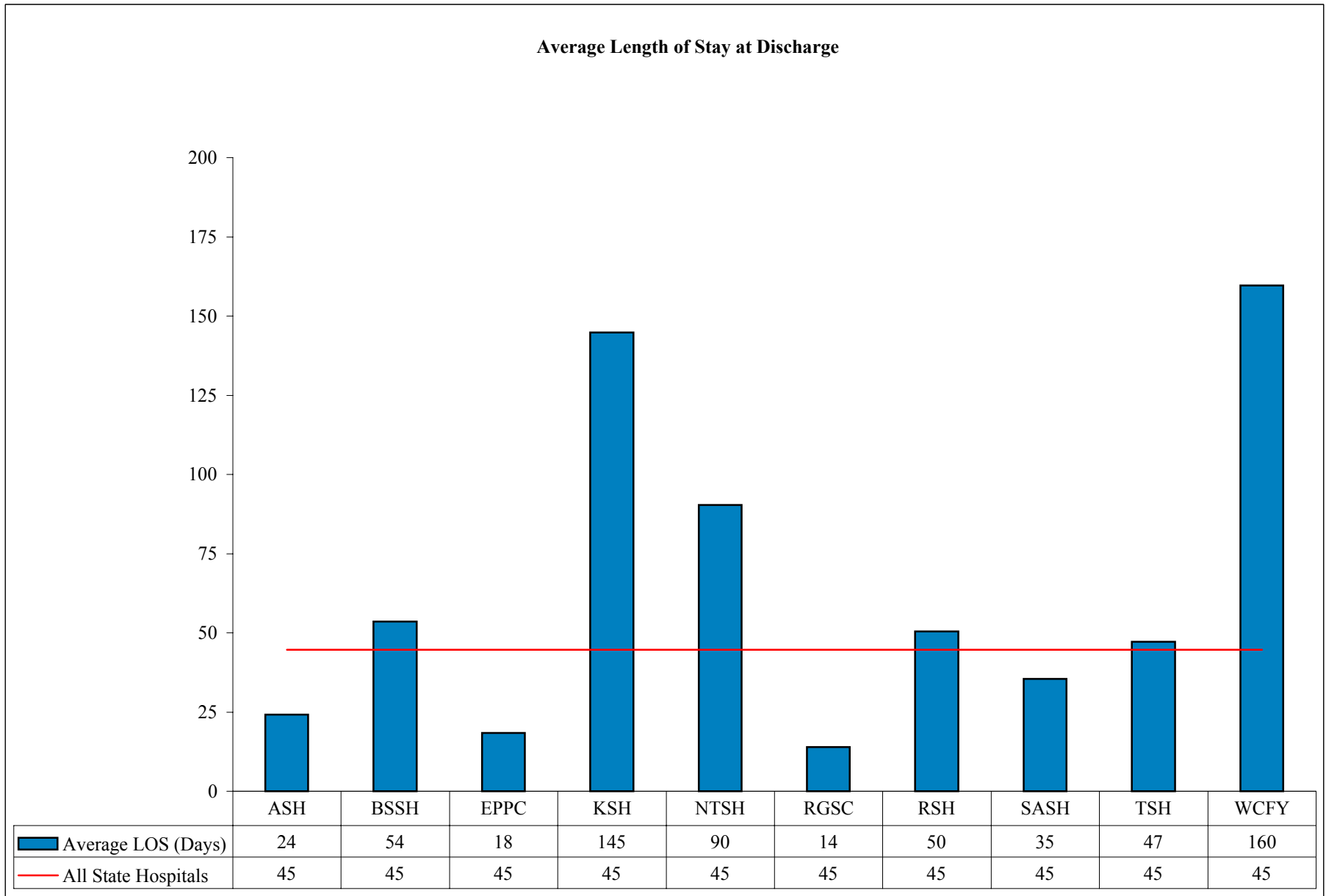
Performance Measure Data Display and Chart Description:

- ◆ Chart with quarterly data points showing average length of stay at discharge by category for individual state hospitals and system-wide.
- ◆ Chart with average length of stay for admitted and discharged during prior 12 months by category for individual state hospitals and system-wide.

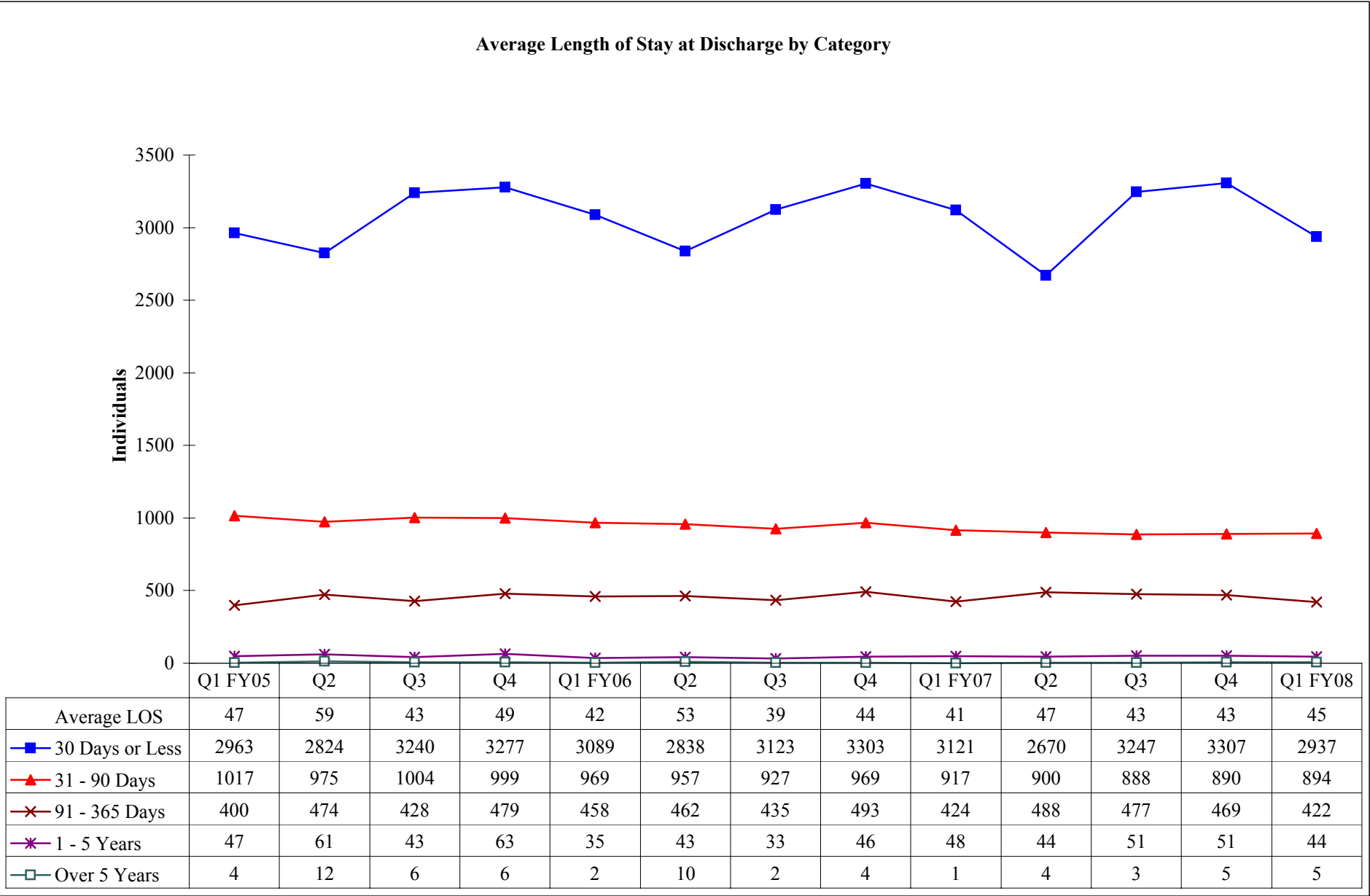
Data Flow:



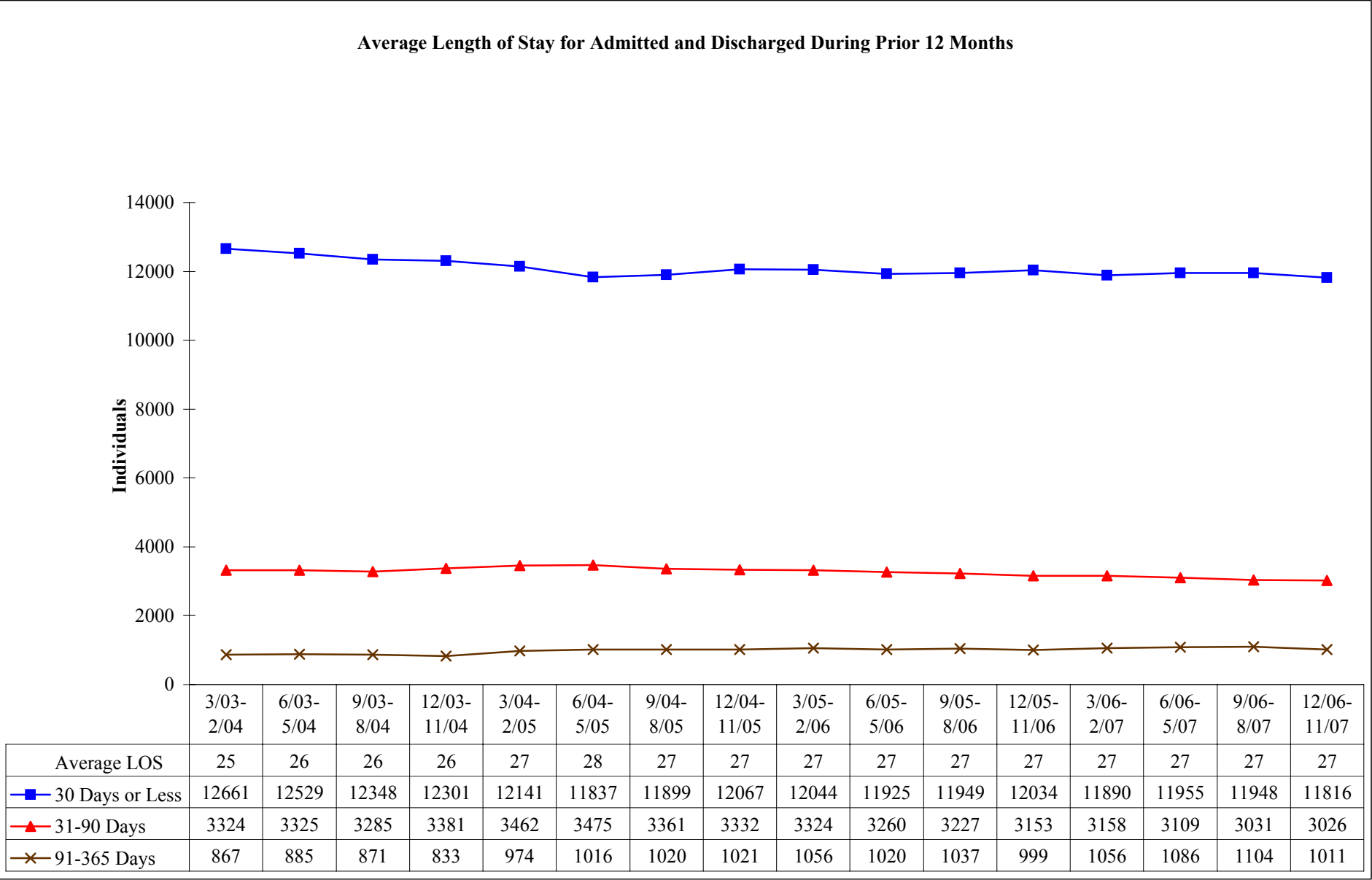
Measure 5D - Average Length of Stay at Discharge
All State Hospitals



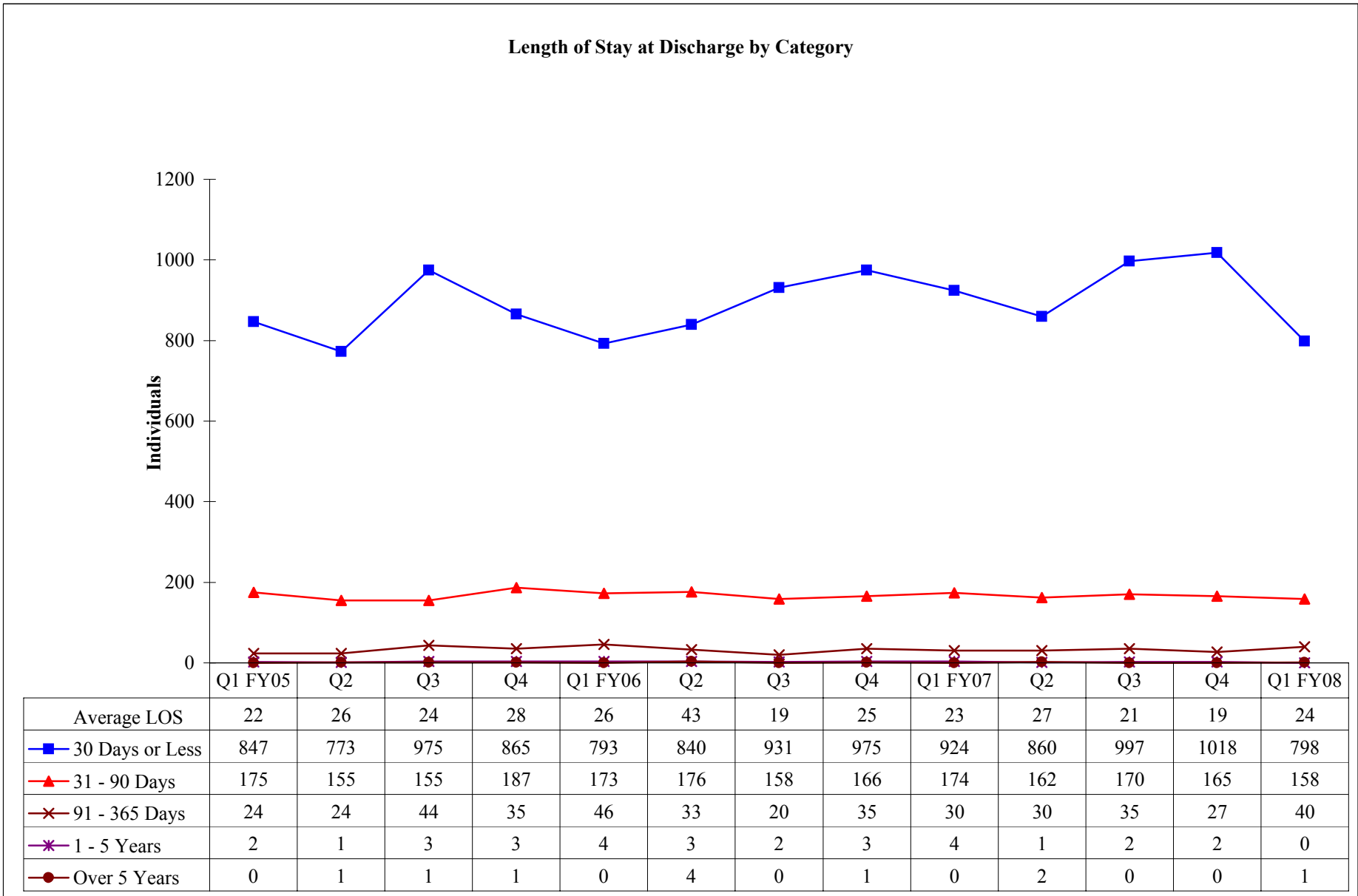
Measure 5D - Average Length of Stay at Discharge
All State Hospitals



Measure 5D - Average Length of Stay at Discharge
All State Hospitals

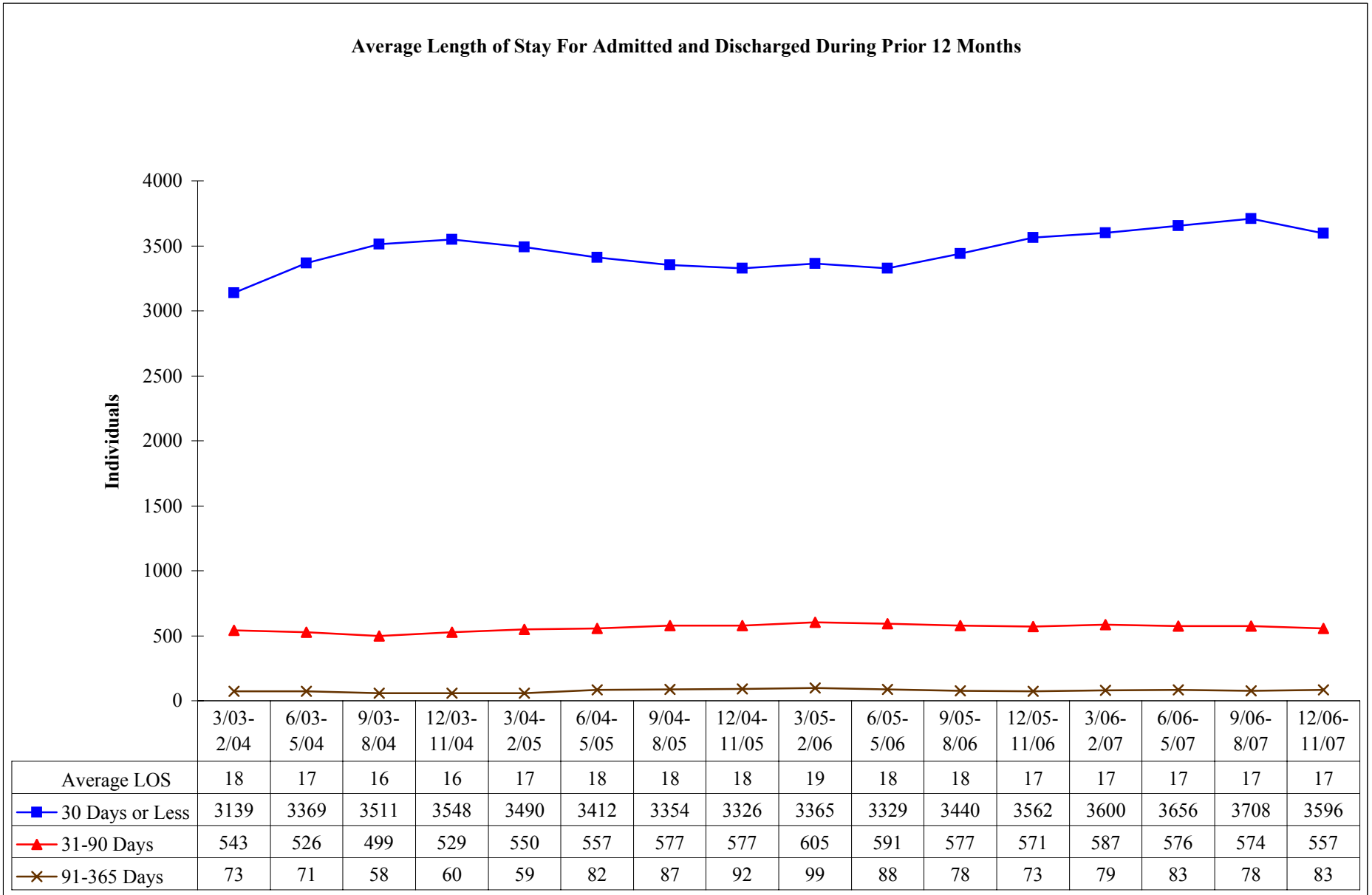


Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

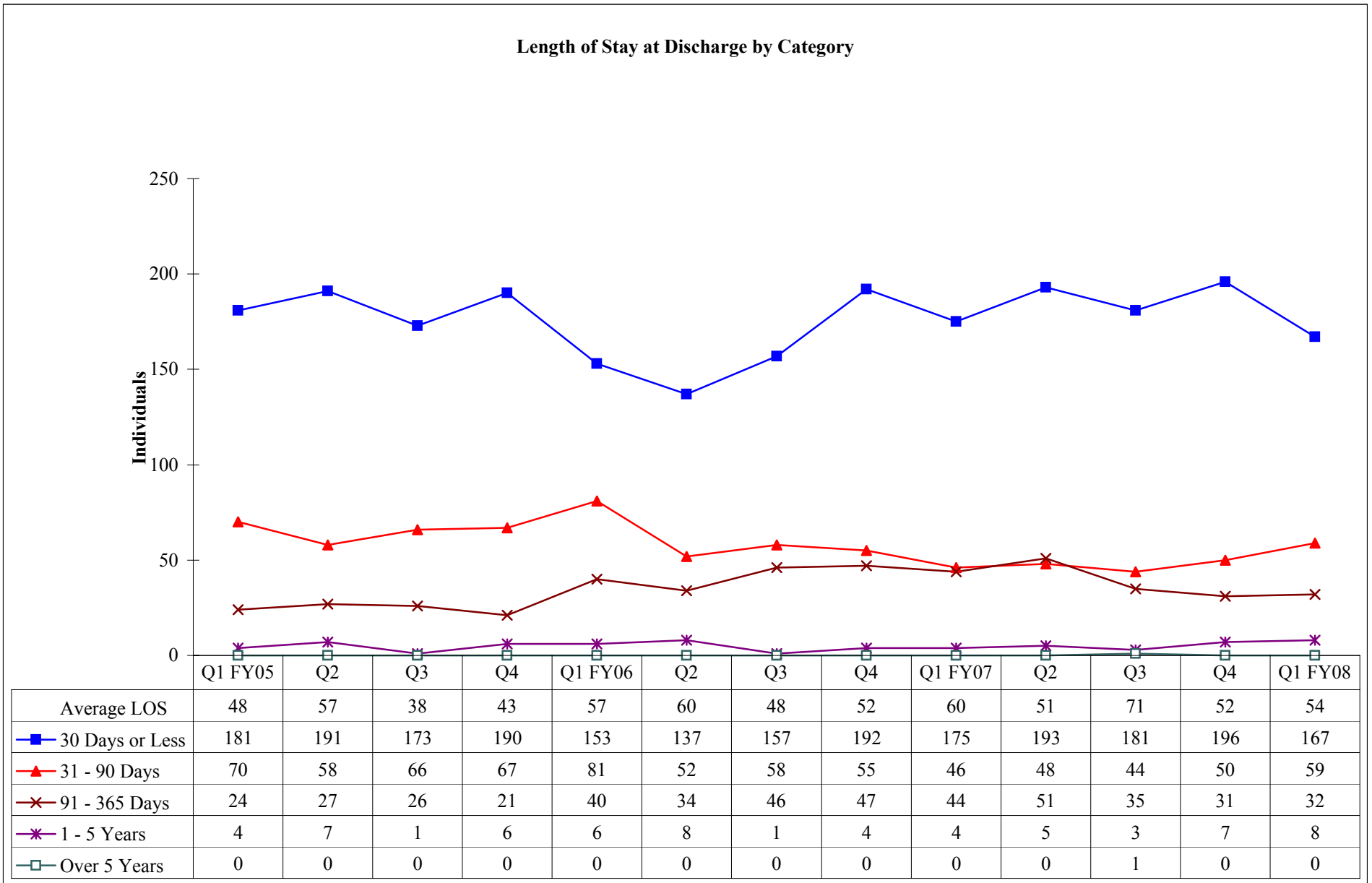


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Austin State Hospital

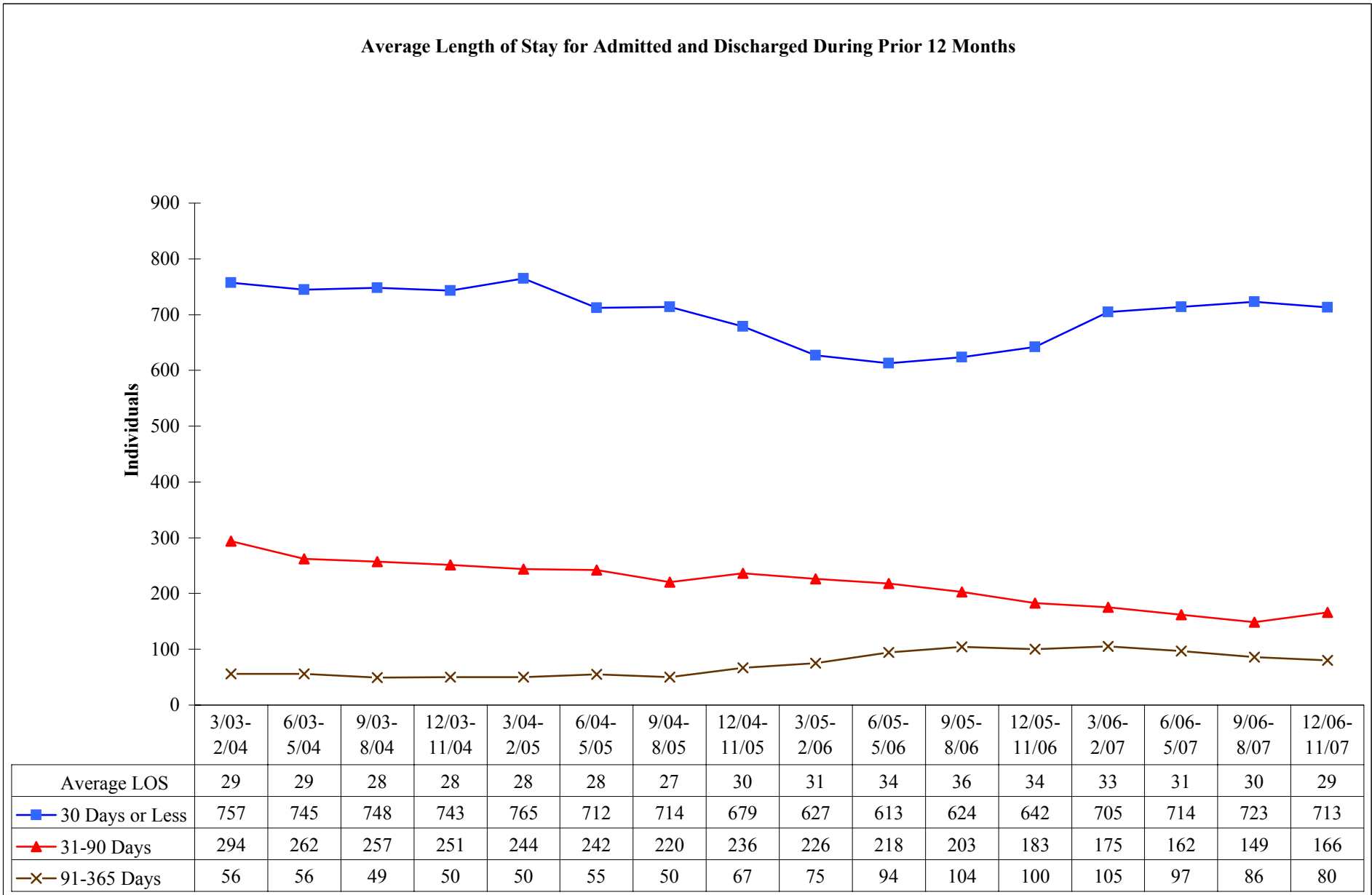


Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital



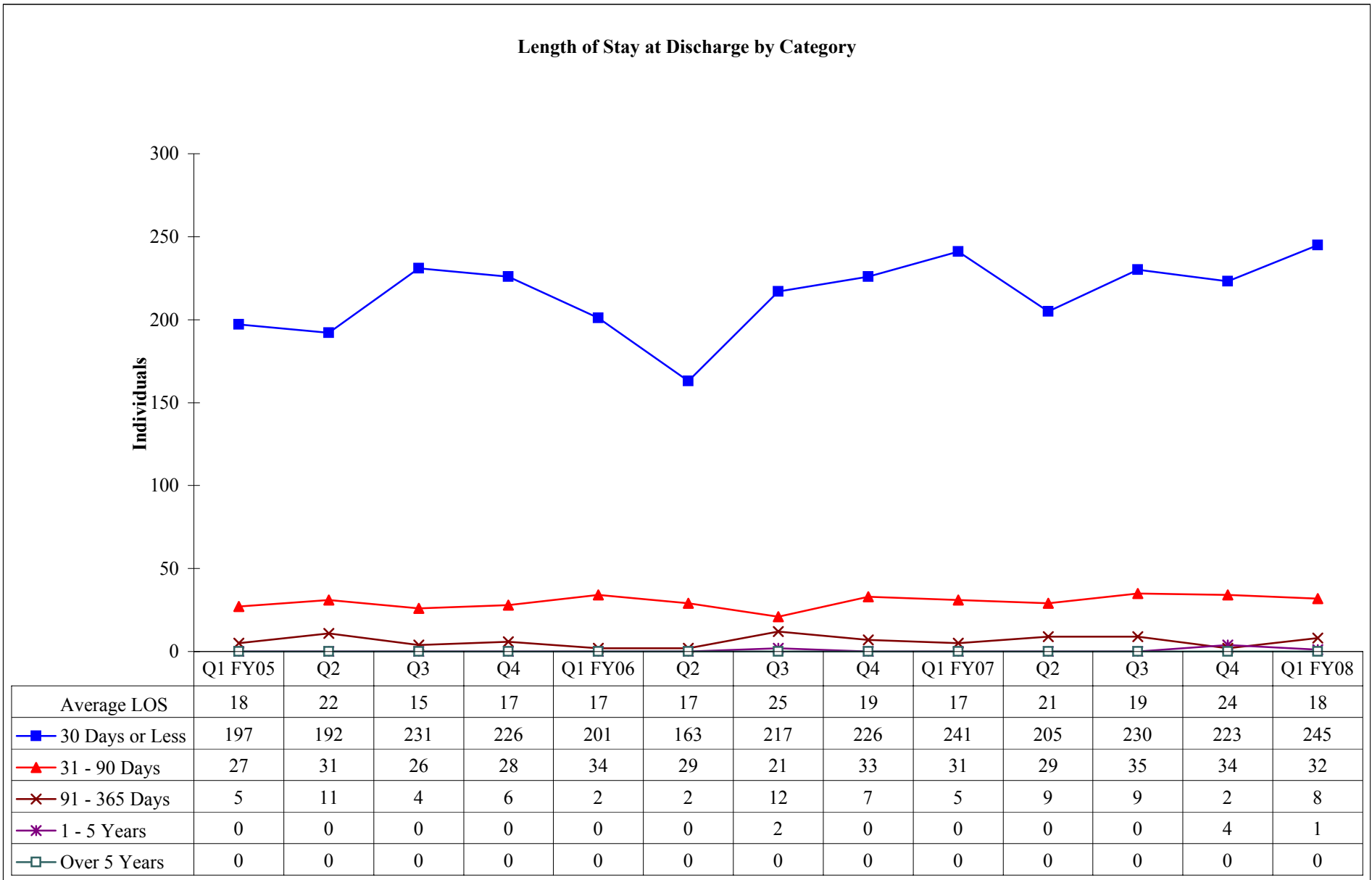
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Big Spring State Hospital

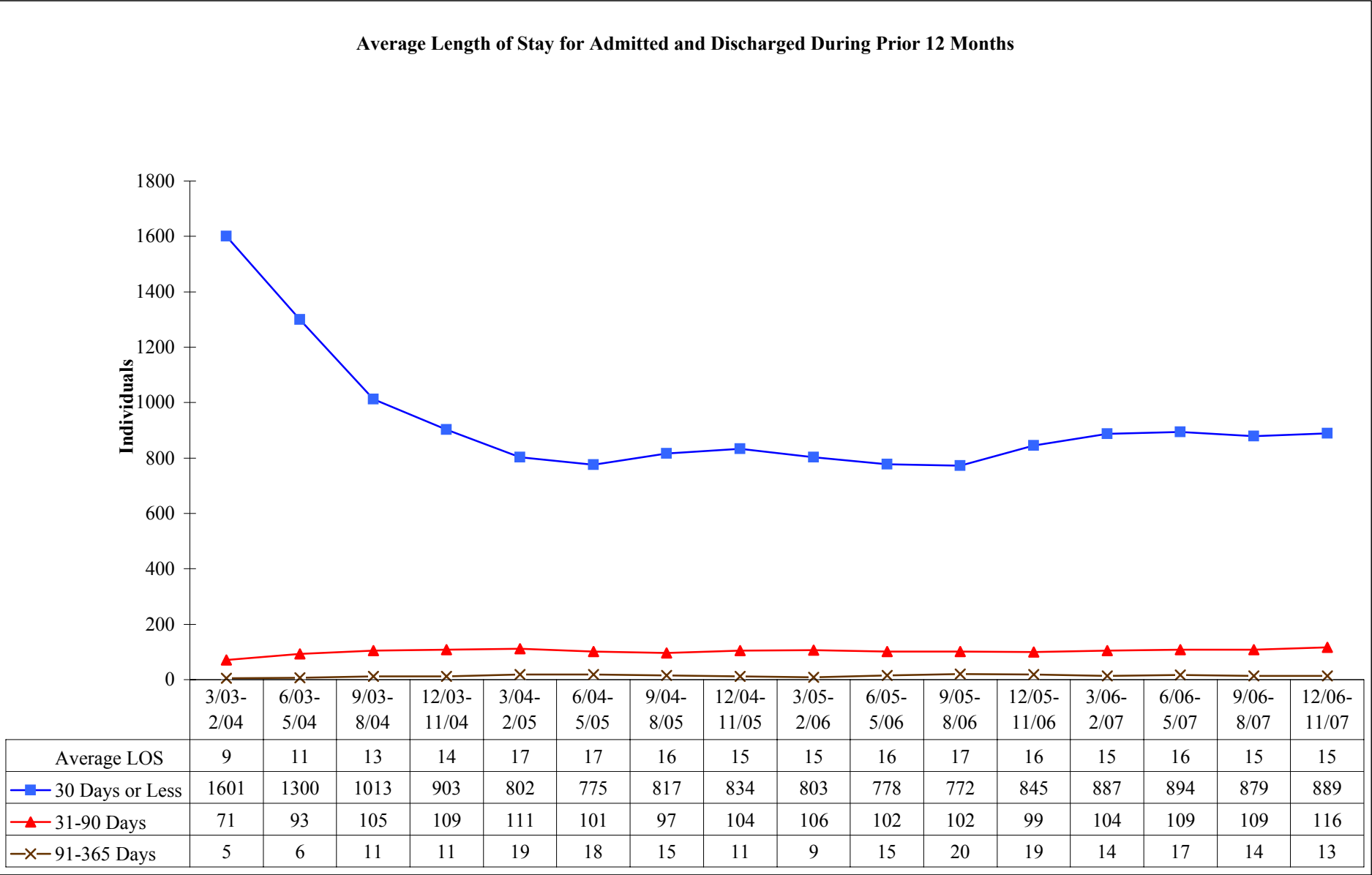


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

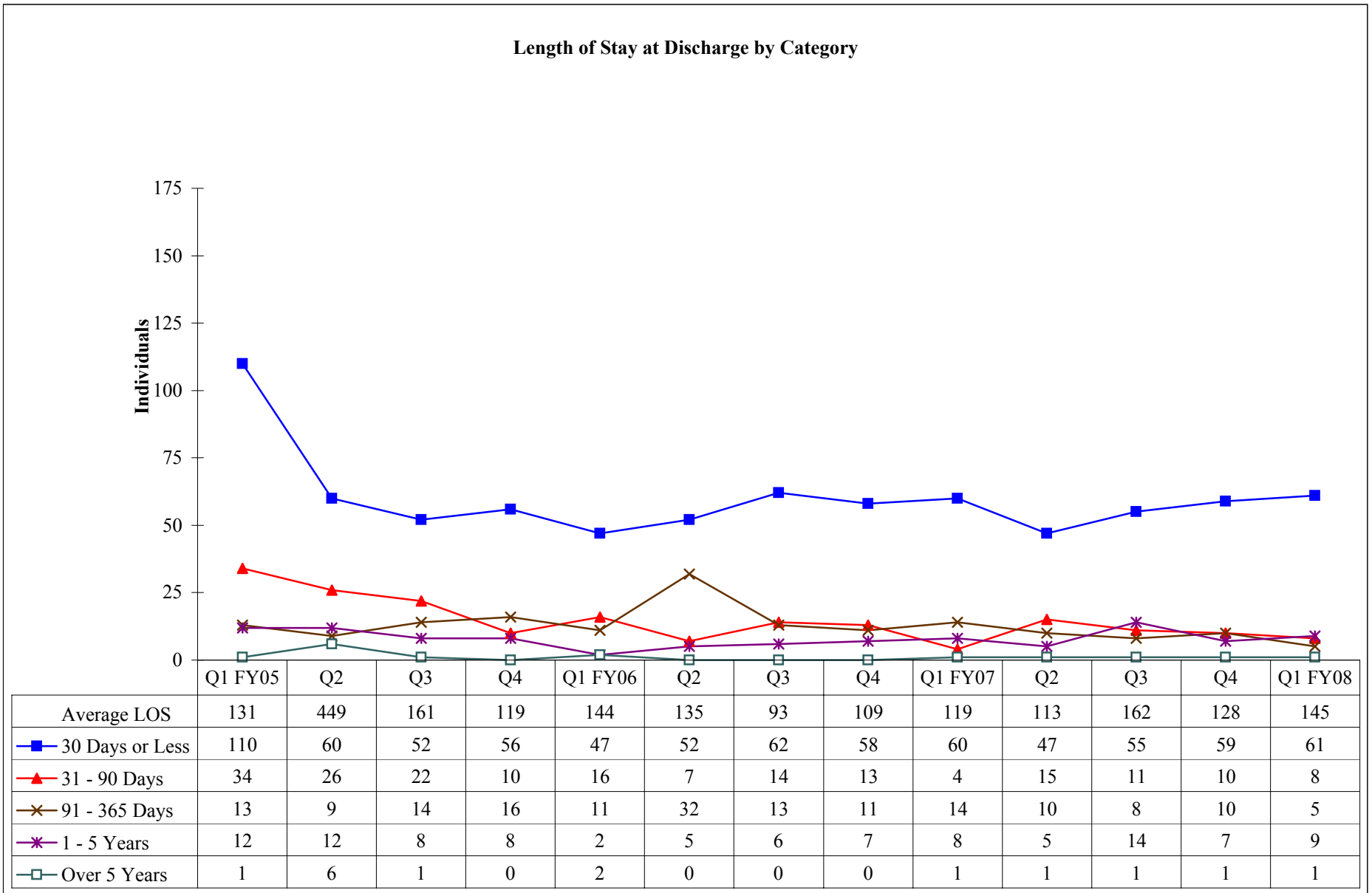
Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center



Measure 5D - Average Length of Stay at Discharge
El Paso Psychiatric Center

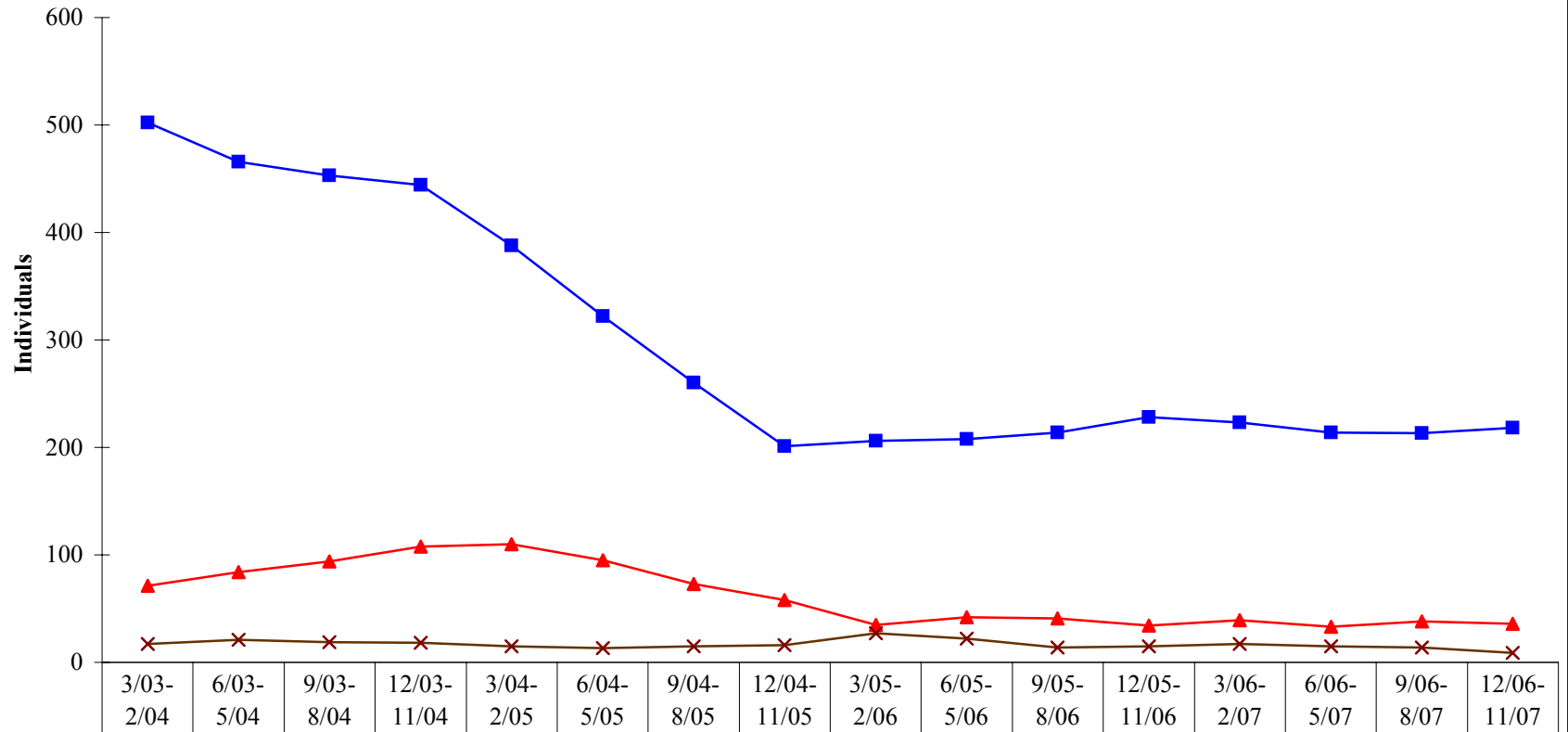


Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital

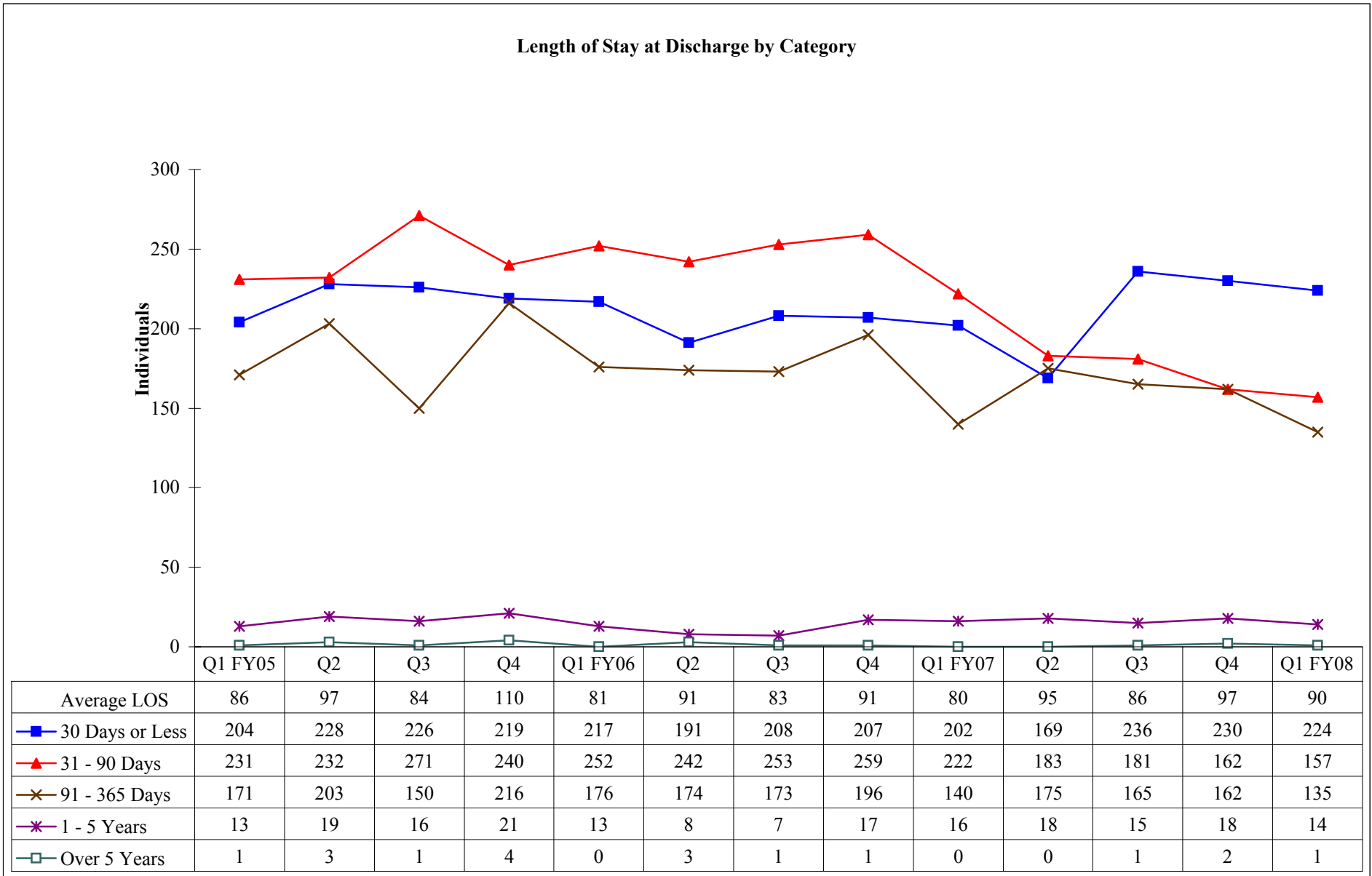


Measure 5D - Average Length of Stay at Discharge
Kerrville State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months

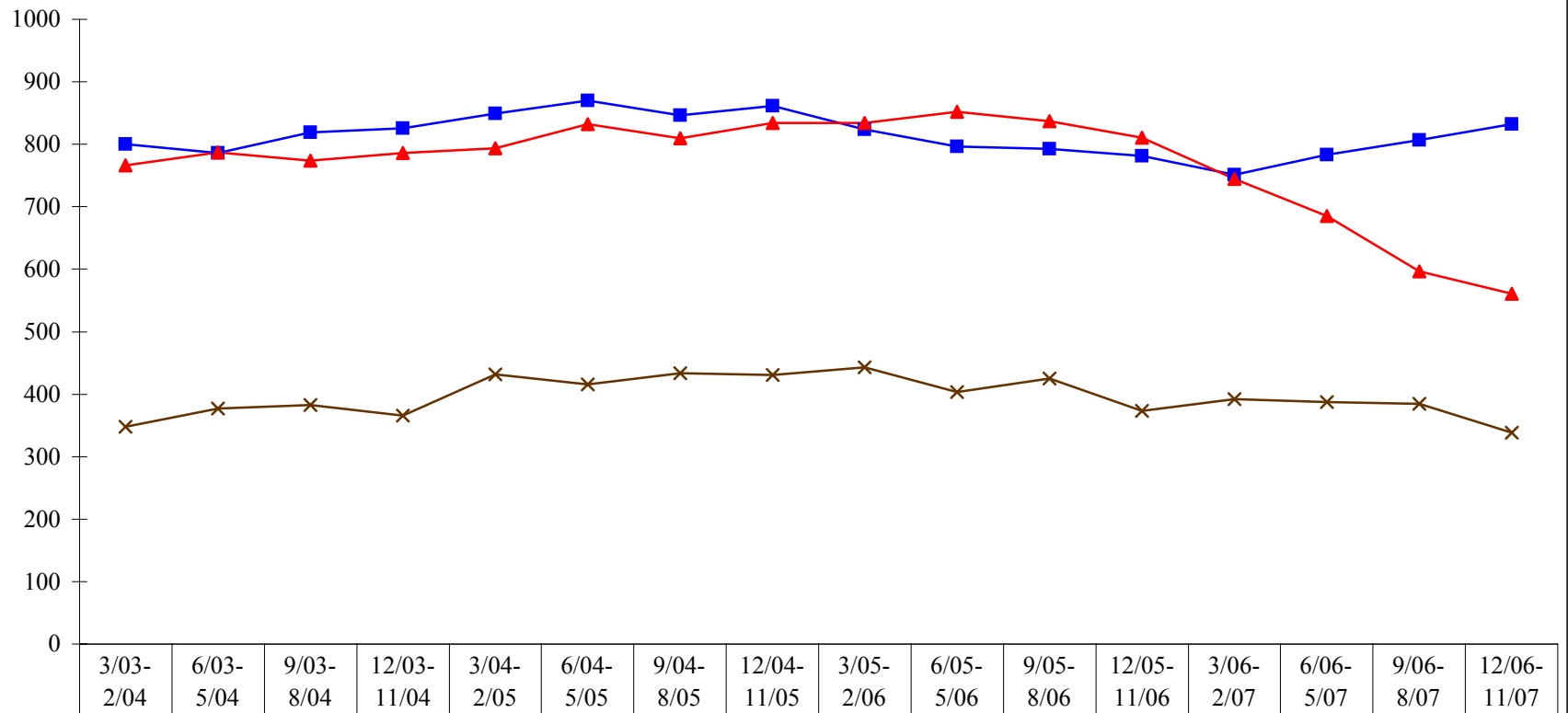


Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital



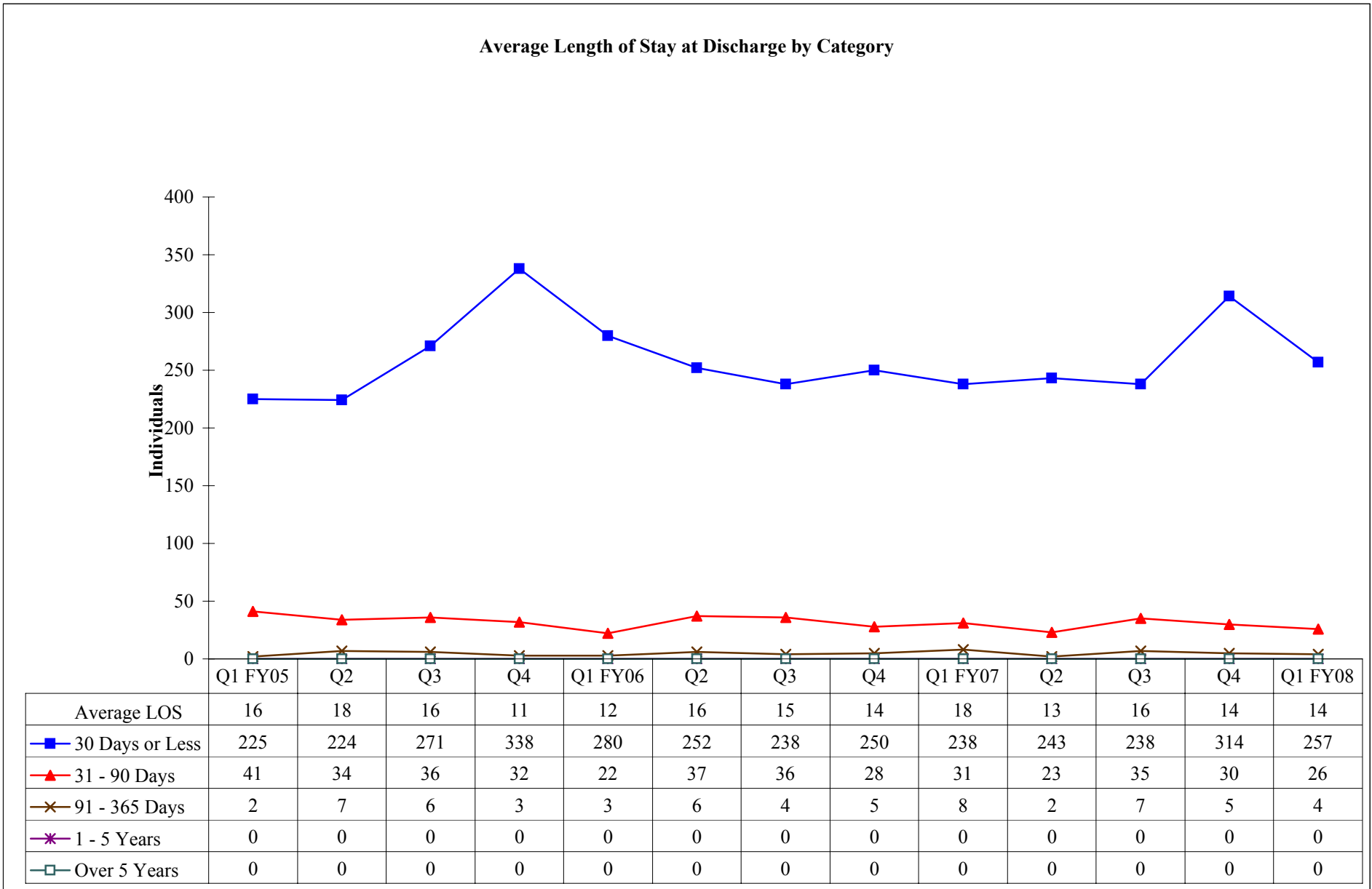
Measure 5D - Average Length of Stay at Discharge
North Texas State Hospital

Average Length of Stay for Admitted and Discharged During Prior 12 Months



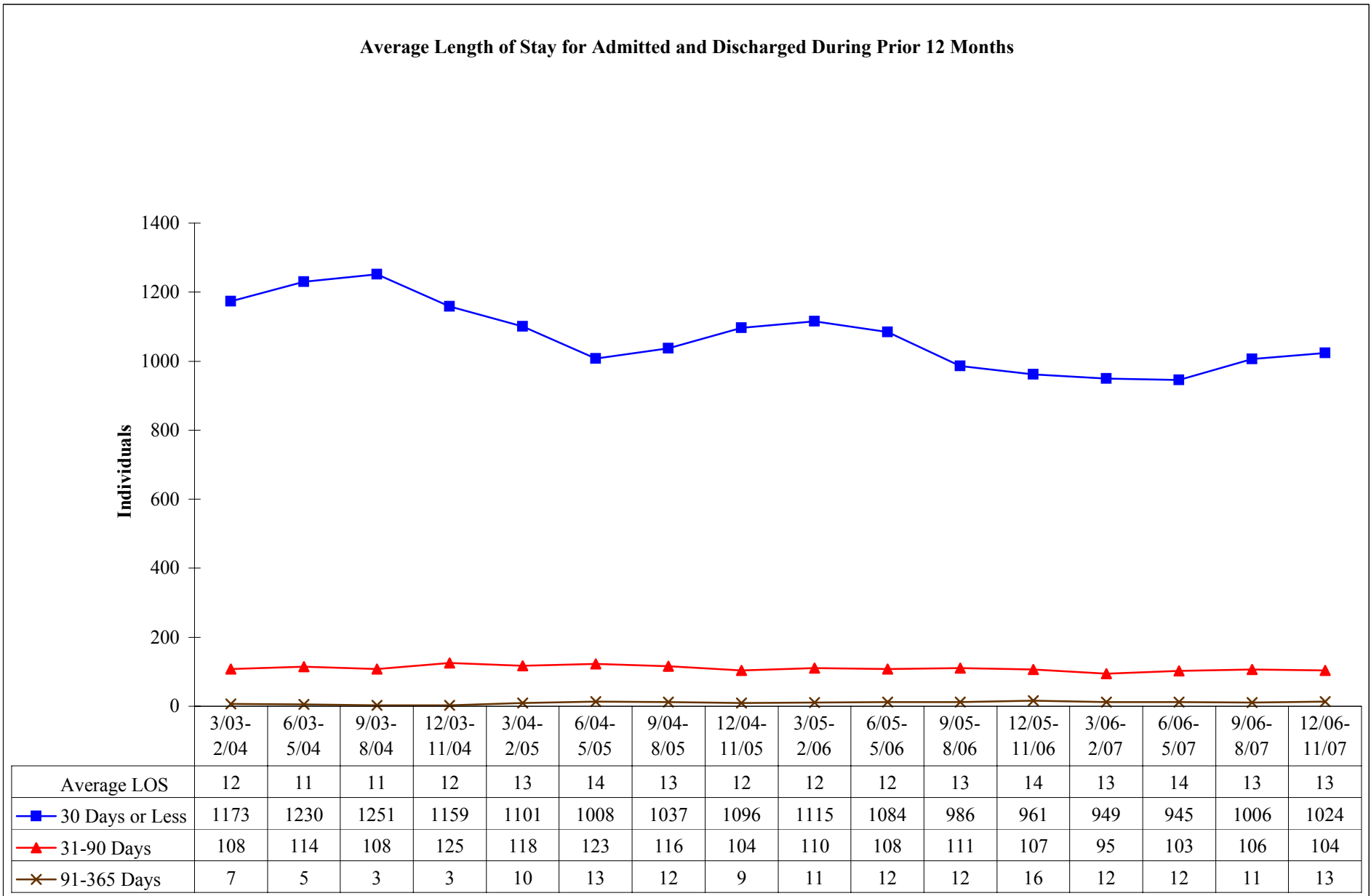
	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07
Average LOS	53	56	54	53	56	55	54	56	56	56	57	55	56	56	54	52
30 Days or Less	800	786	819	826	849	870	846	861	824	796	793	781	751	783	807	832
31-90 Days	766	787	774	786	794	832	810	834	834	852	837	811	745	685	597	561
91-365 Days	348	377	383	366	432	416	434	431	443	403	425	373	392	387	385	338

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center



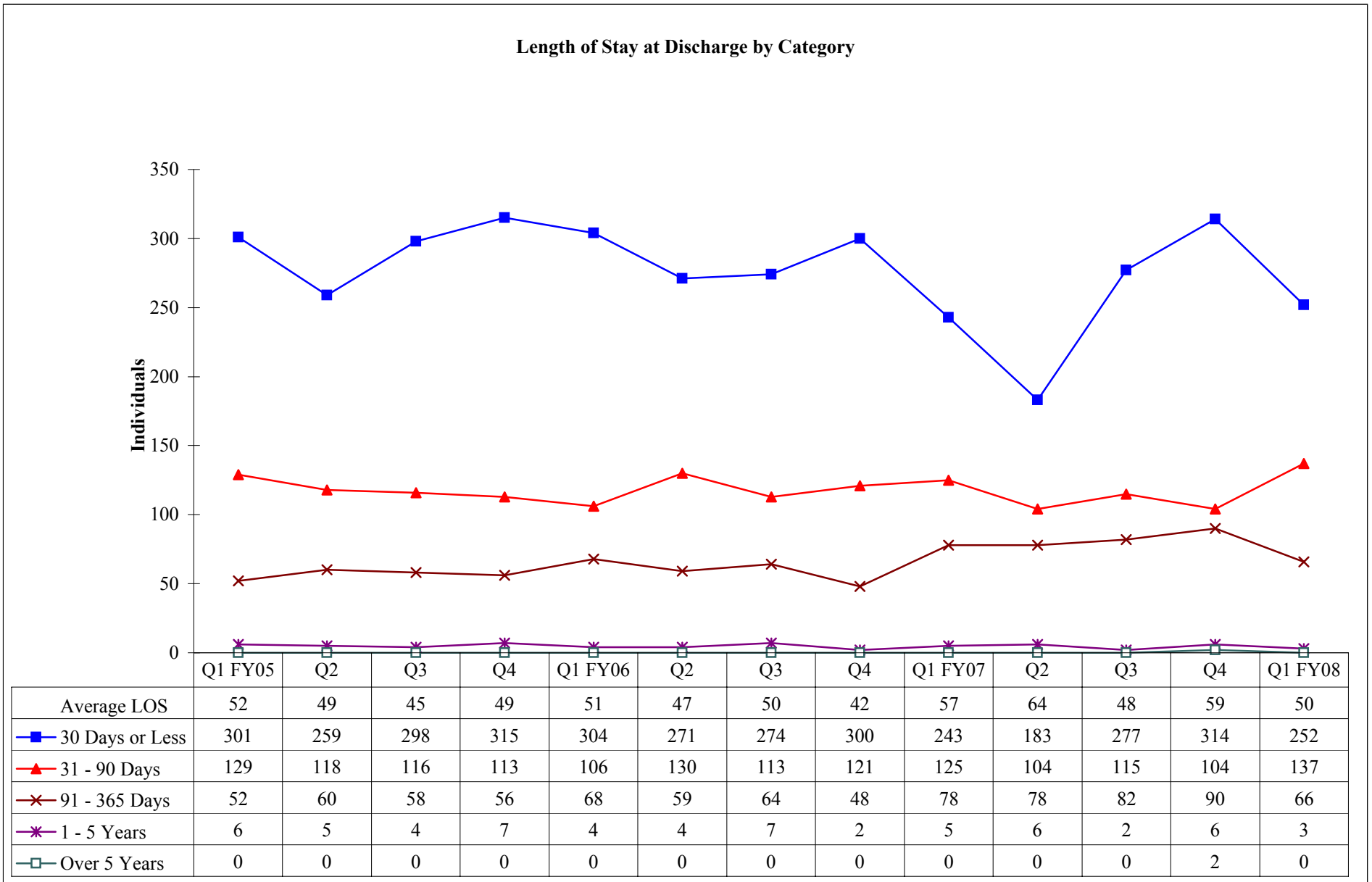
Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Rio Grande State Center

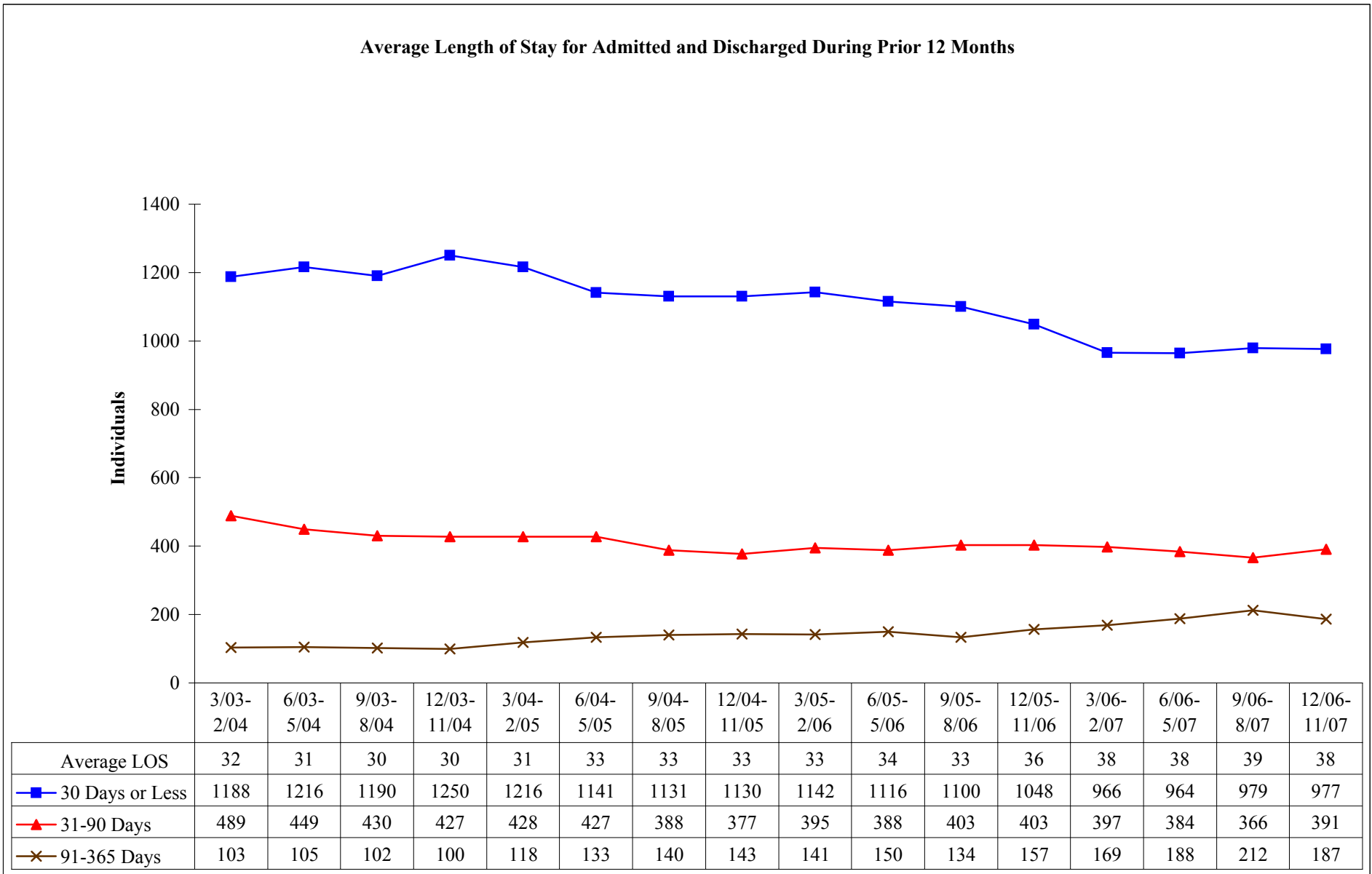


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

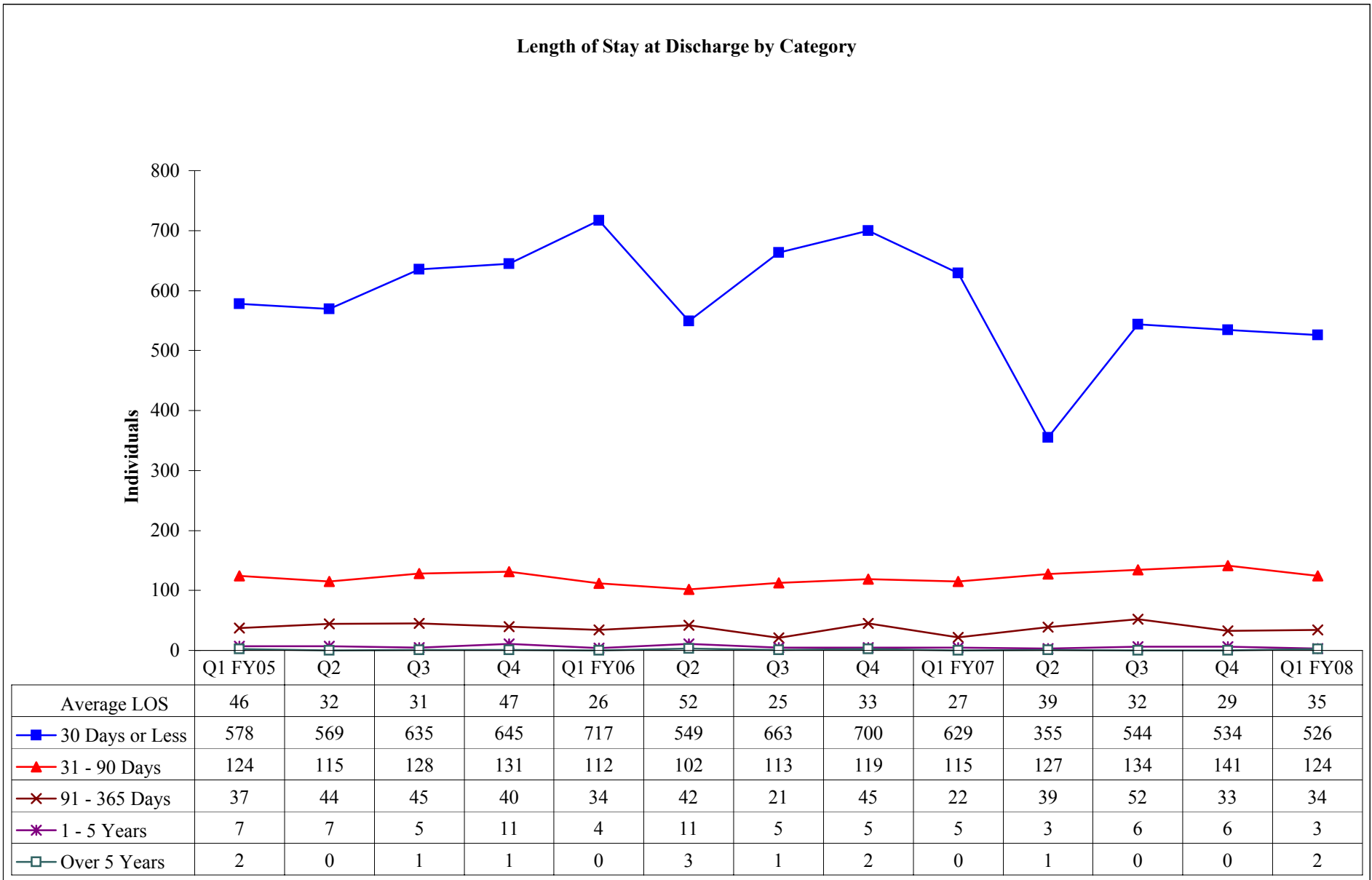
Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital



Measure 5D - Average Length of Stay at Discharge
Rusk State Hospital

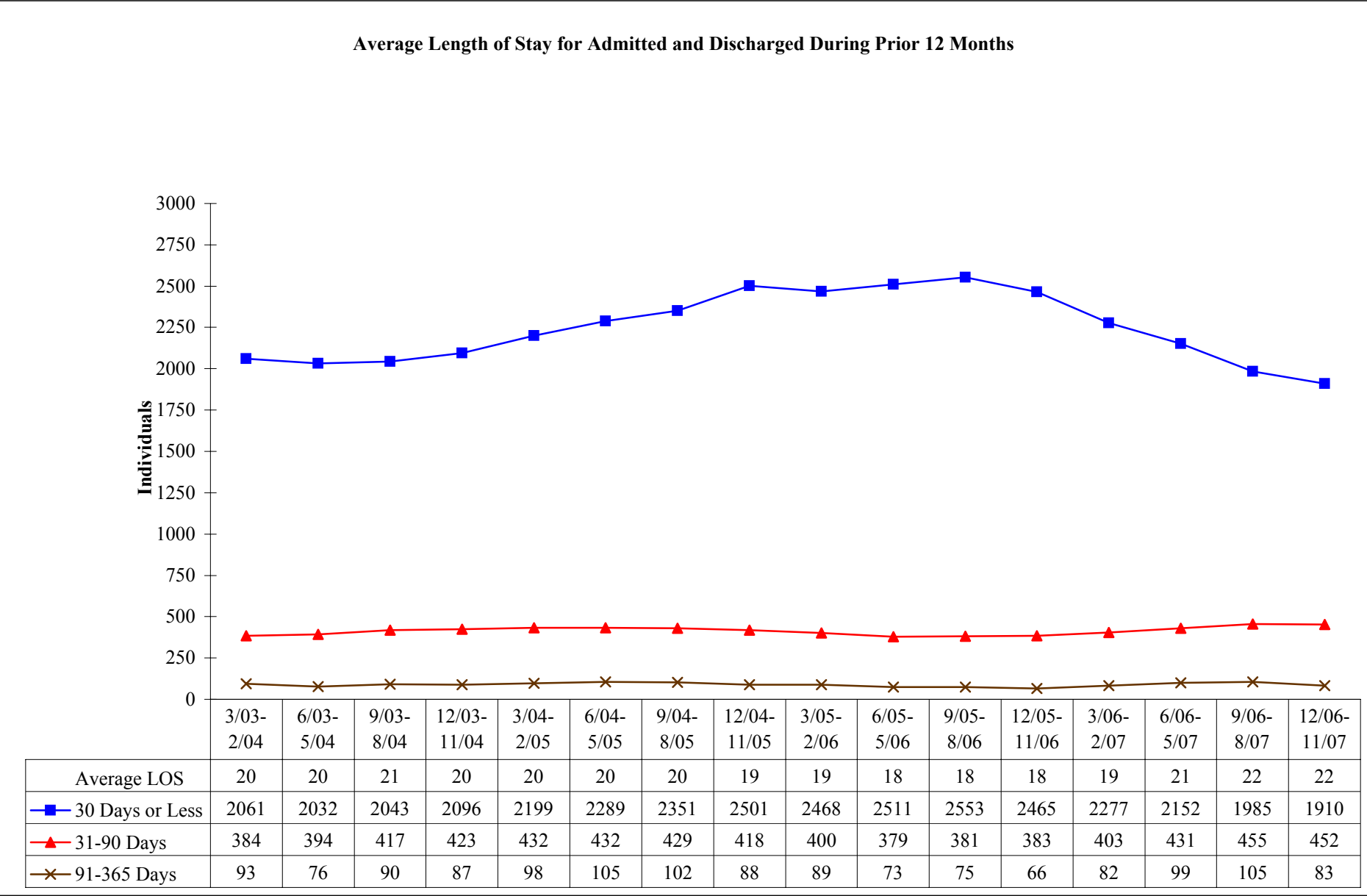


Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

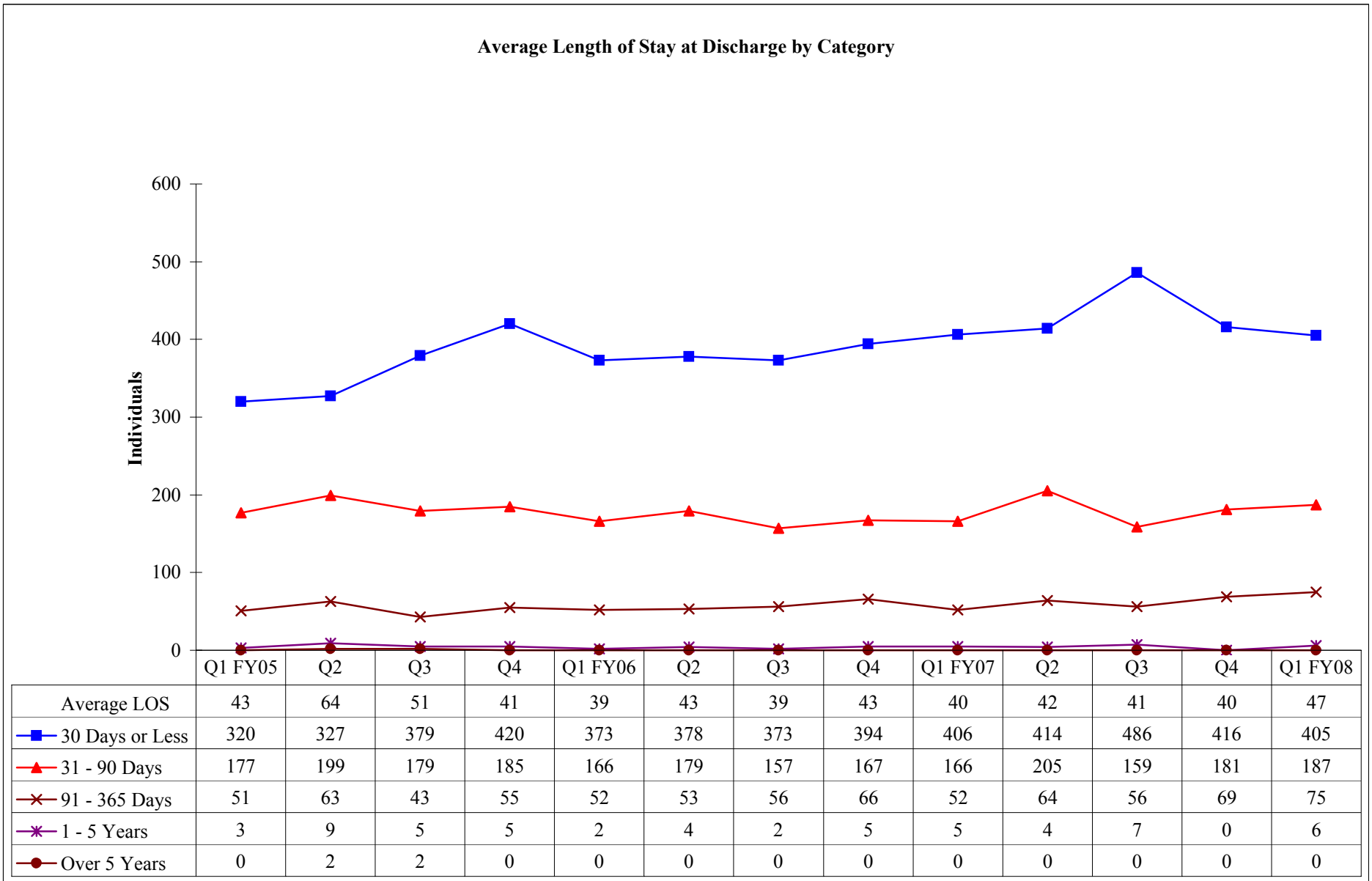


Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
San Antonio State Hospital

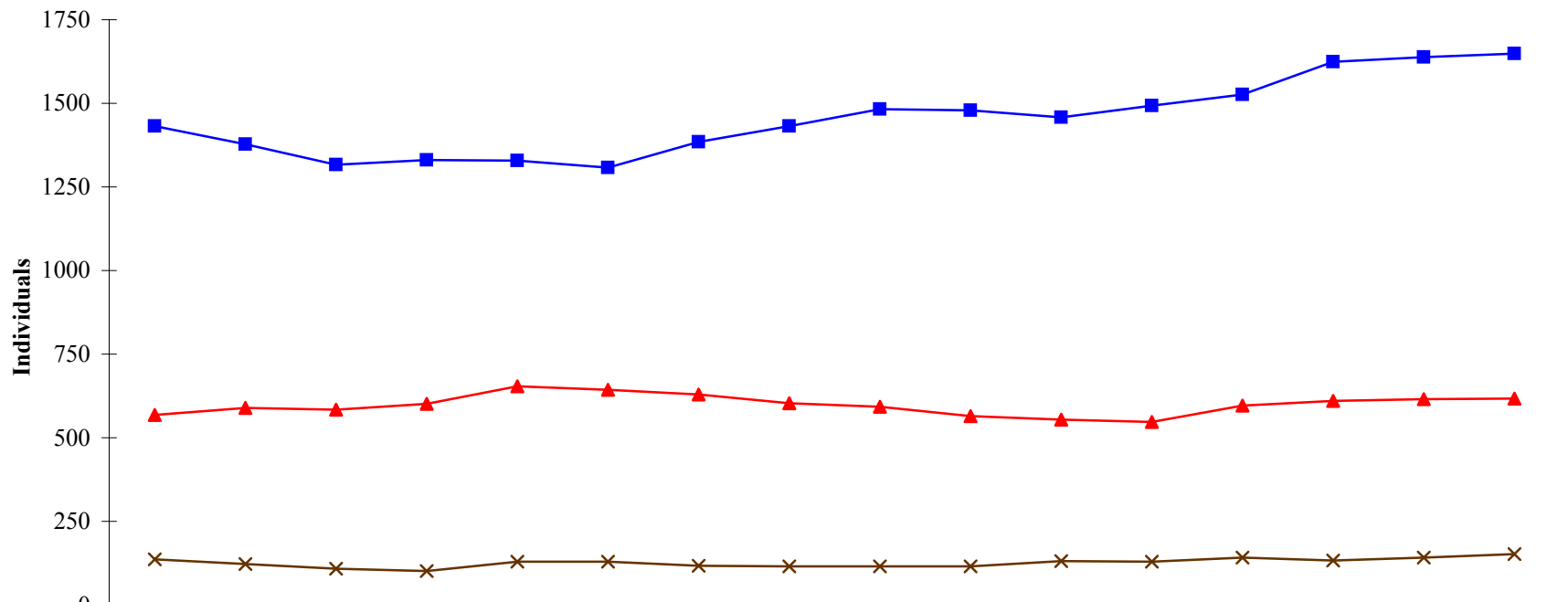


Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital



Measure 5D - Average Length of Stay at Discharge
Terrell State Hospital

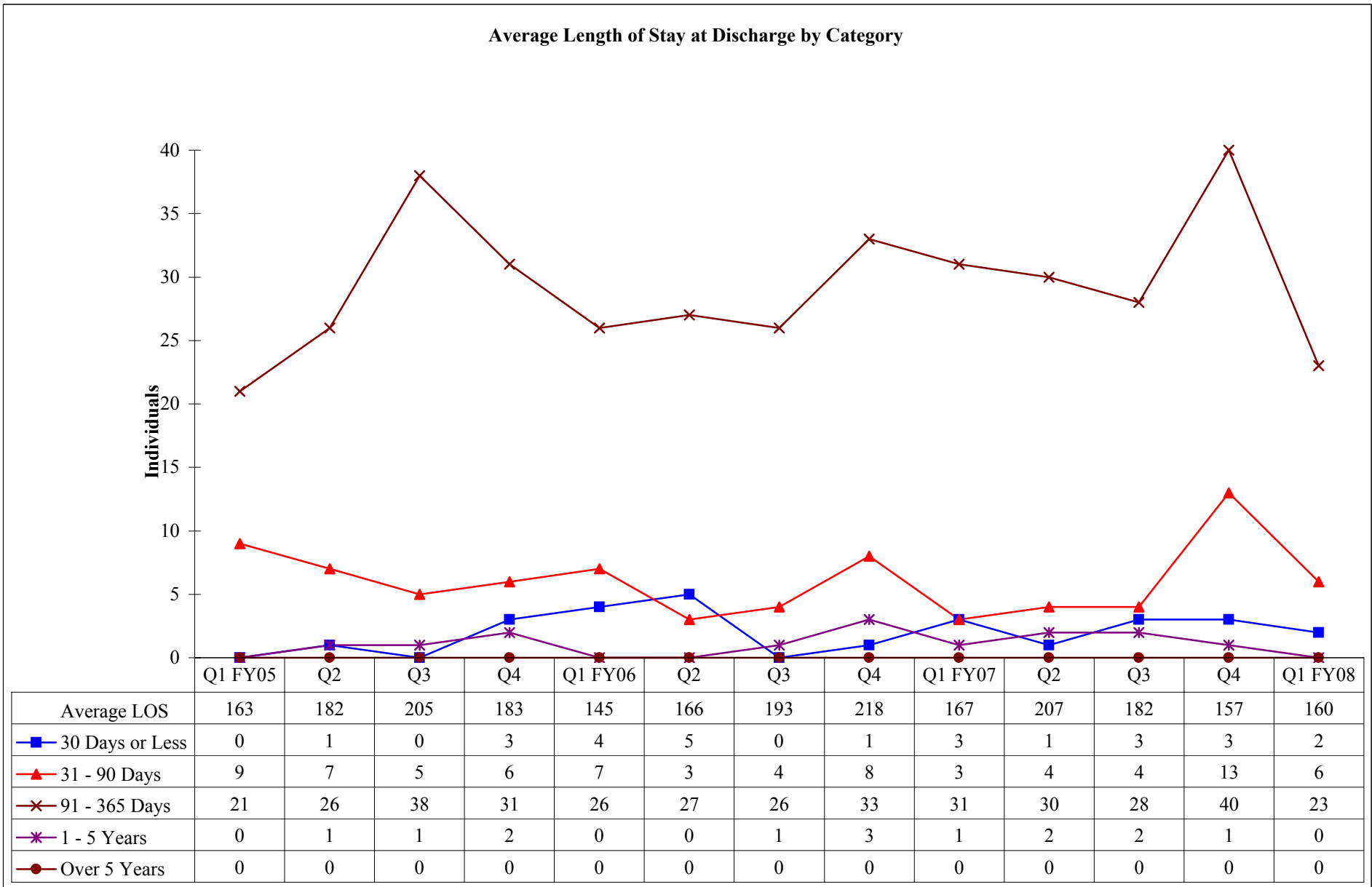
Average Length of Stay for Admitted and Discharged During Prior 12 Months



	3/03-2/04	6/03-5/04	9/03-8/04	12/03-11/04	3/04-2/05	6/04-5/05	9/04-8/05	12/04-11/05	3/05-2/06	6/05-5/06	9/05-8/06	12/05-11/06	3/06-2/07	6/06-5/07	9/06-8/07	12/06-11/07
Average LOS	32	32	32	31	33	33	32	31	31	30	31	31	32	31	31	32
30 Days or Less	1431	1377	1316	1330	1328	1307	1385	1431	1482	1479	1458	1493	1527	1625	1638	1648
31-90 Days	569	590	584	602	653	644	629	603	593	564	554	547	596	611	615	617
91-365 Days	136	123	108	101	130	130	117	115	115	116	131	129	141	133	142	152

Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

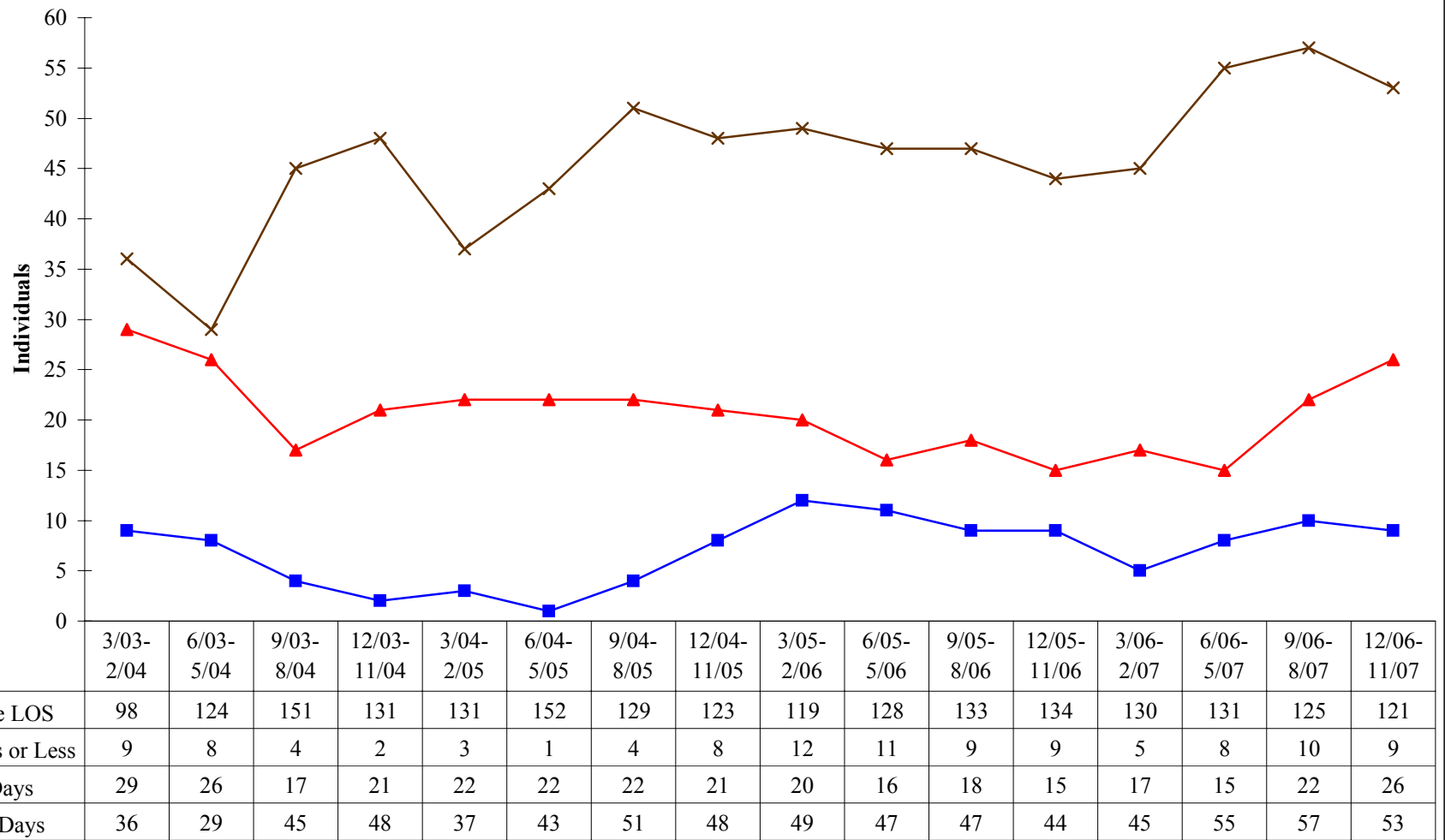
Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth



Source: Average Length of Stay in Hospitals at Time of Discharge (SR6681.5)
 Demographic Trends for MH Clients Average Lengths of Stay (HC022260)

Measure 5D - Average Length of Stay at Discharge
Waco Center for Youth

Average Length of Stay for Admitted and Discharged During Prior 12 Months



GOAL 6: Implement An Integrated Patient Safety Program

Performance Objective 6B:

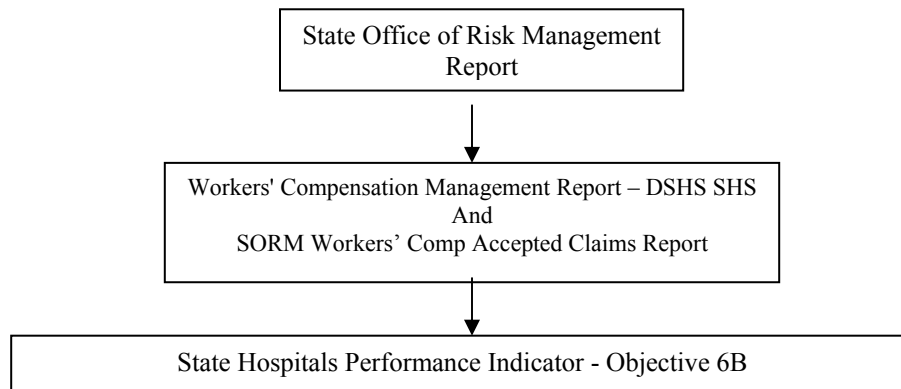
State hospitals will manage workers' compensation claim expenses so that an individual hospital's total FY 2008 claims expense will be at or below the dollar target amount established for that hospital.

Performance Objective Operational Definition: Total workers compensation claim expenses filed for FY 2008 will not exceed the target amounts specified for each state hospital by System Risk Management. Small adjustments are sometimes made after the publication data of the State Office of Risk Management Report. When this occurs, an adjustment in the year-to-date figure will be made in the next month's report. These small adjustments may result in a year-to-date cost figure that is not equal to the sum of all monthly expenditures. In addition, adjustments may be made to the August FYTD amount due to subrogation and reconciliation to year-to-date costs received from the Office of the Attorney General.

Performance Objective Data Display and Chart Description:

- ◆ Chart with monthly data points of claim expenses with targets for individual state hospitals and system-wide.
- ◆ Chart with monthly data points of FYTD claim expenses with targets for individual state hospitals and system-wide.

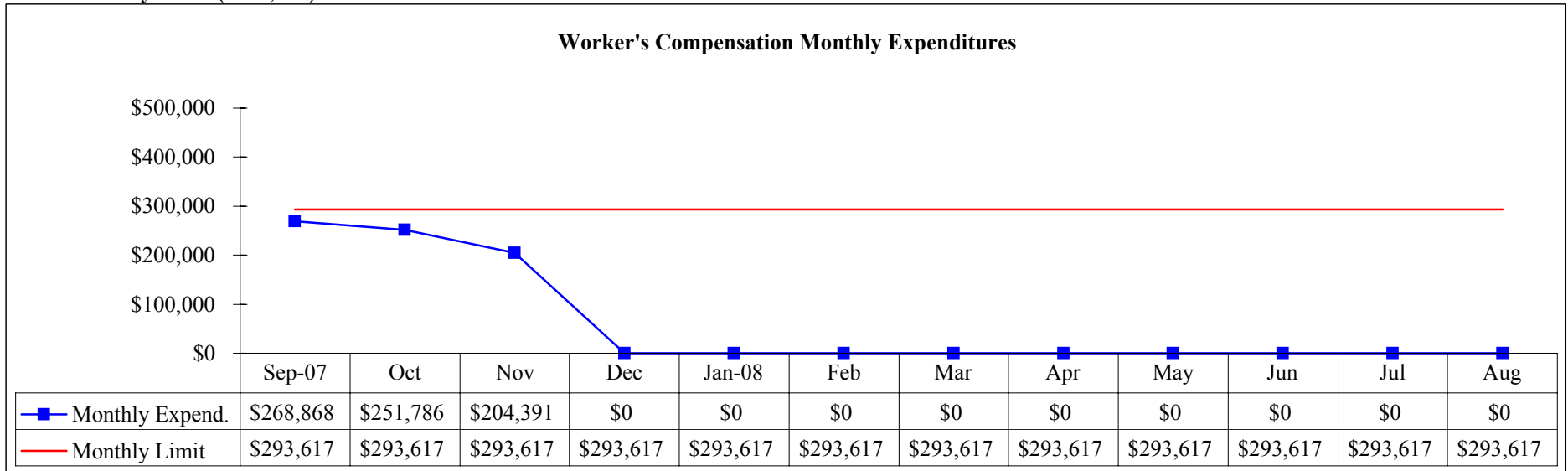
Data Flow:



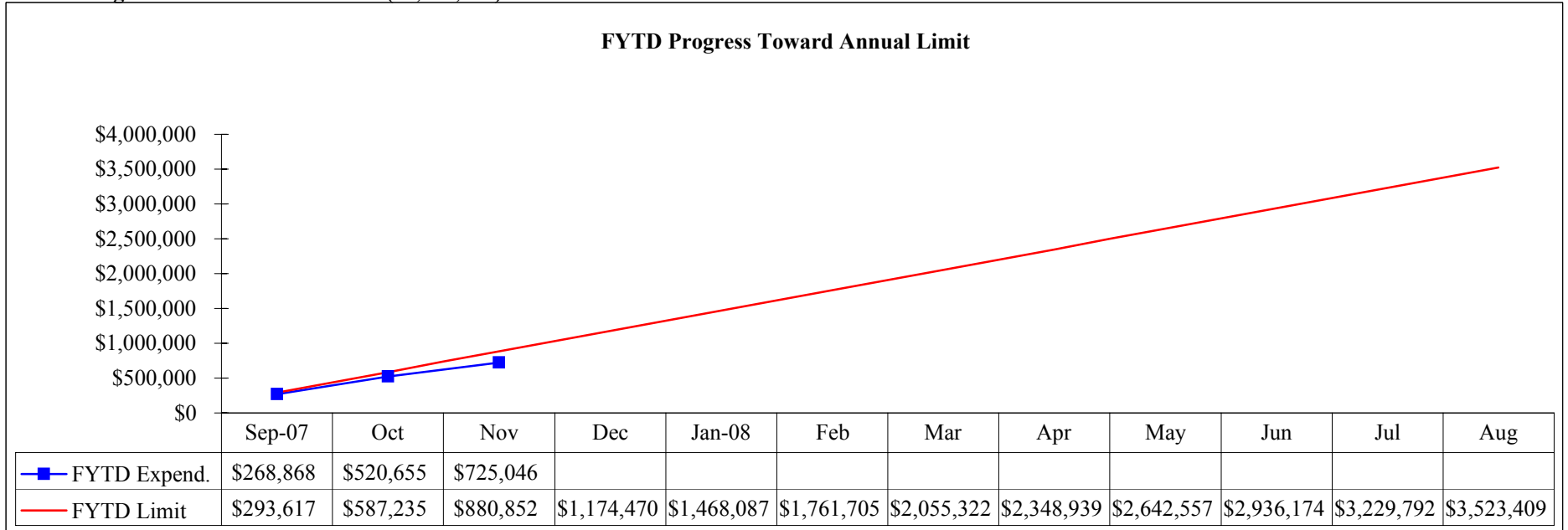
Objective 6B - Workers Compensation

All State Hospitals

FY08 Monthly Limit (\$293,617)



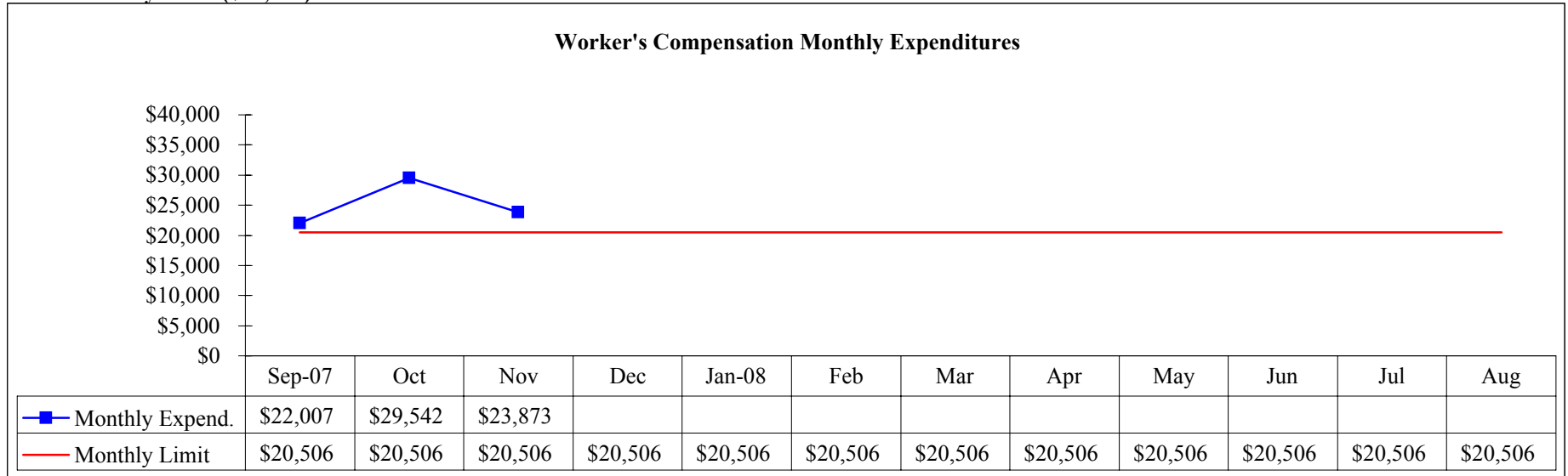
FYTD Progress Toward Annual Limit (\$3,523,409)



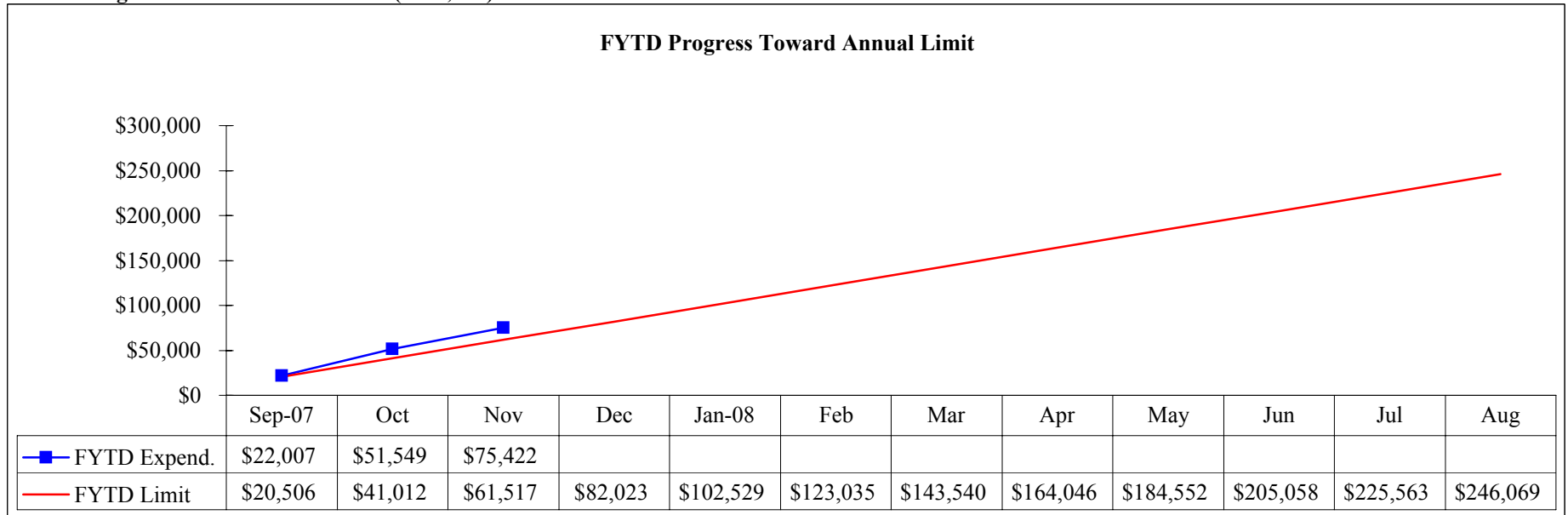
Objective 6B - Workers Compensation

Austin State Hospital

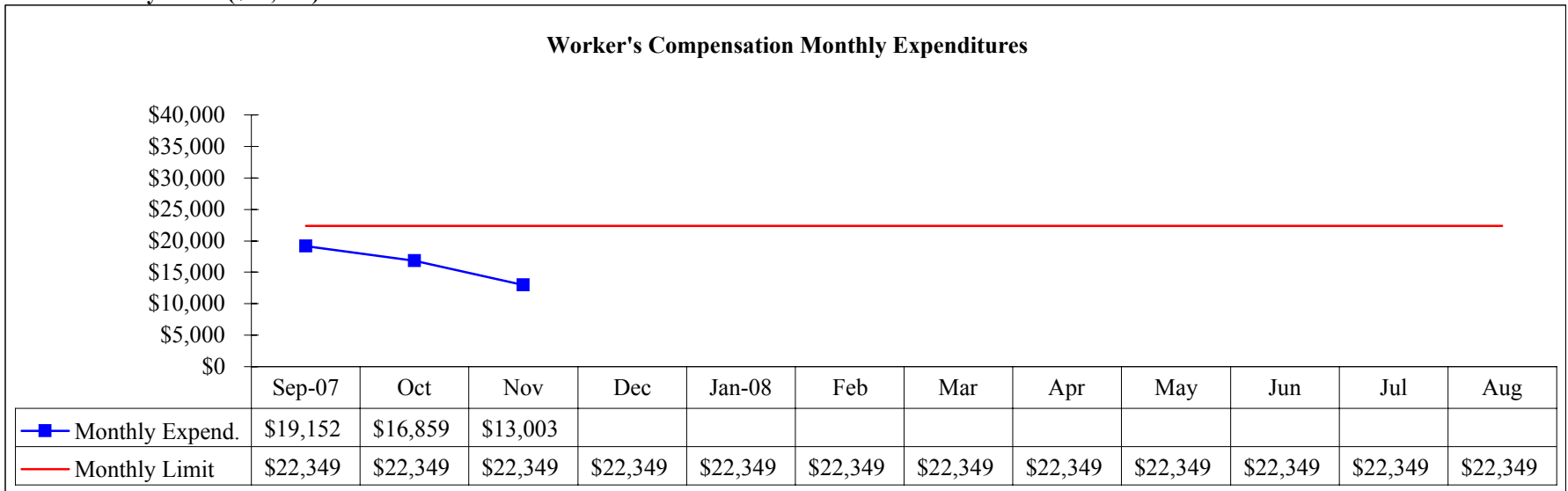
FY08 Monthly Limit (\$20,506)



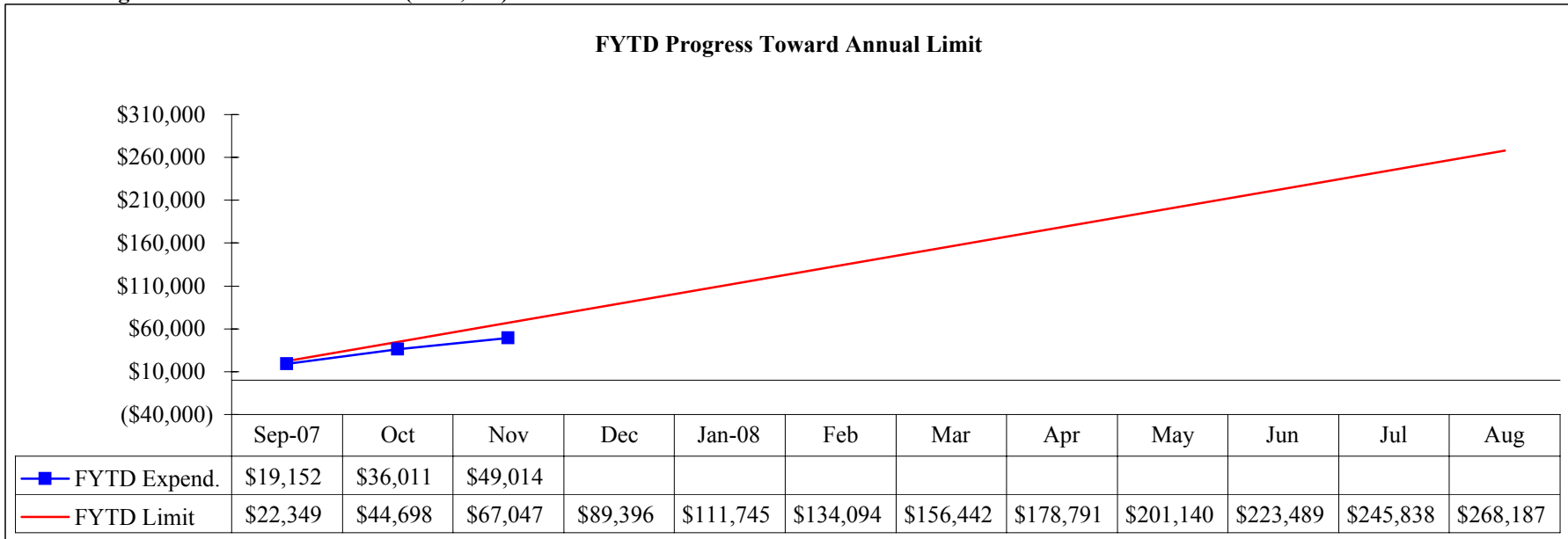
FYTD Progress Toward Annual Limit (\$246,069)



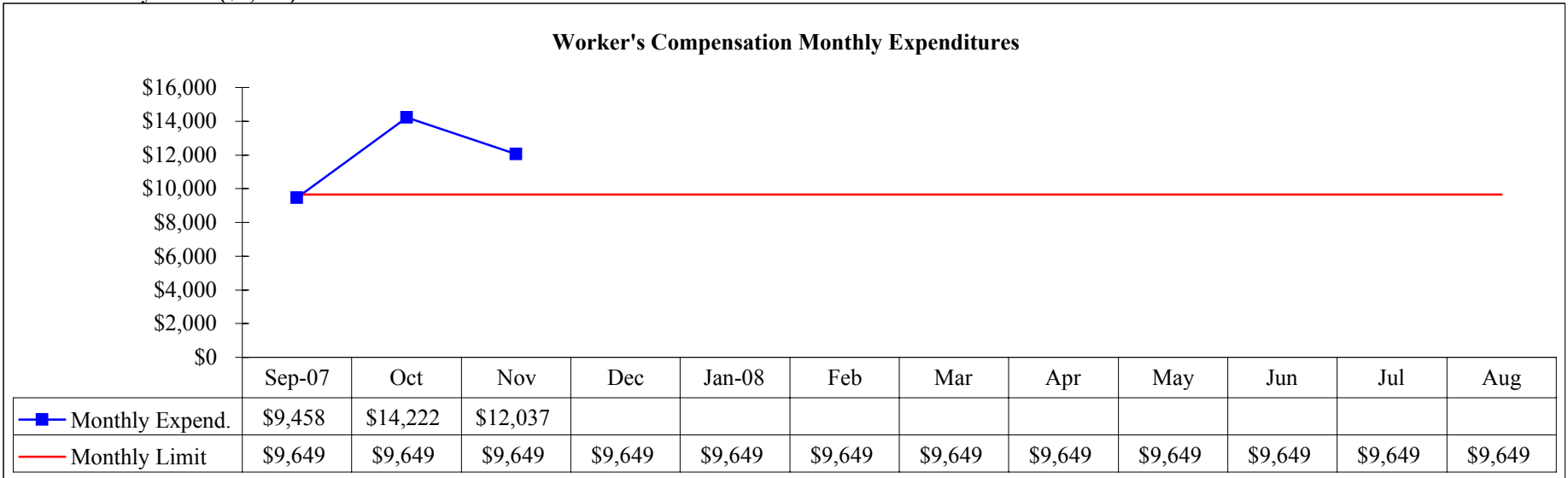
Objective 6B - Workers Compensation
Big Spring State Hospital
FY08 Monthly Limit (\$22,349)



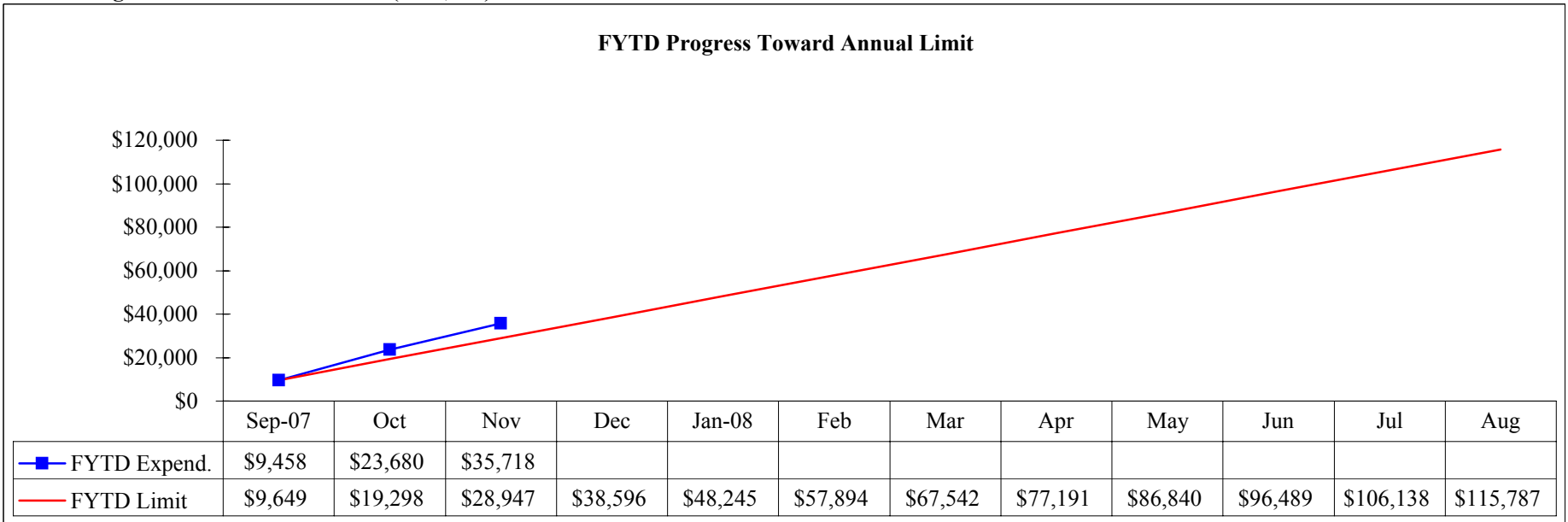
FYTD Progress Toward Annual Limit (\$268,187)



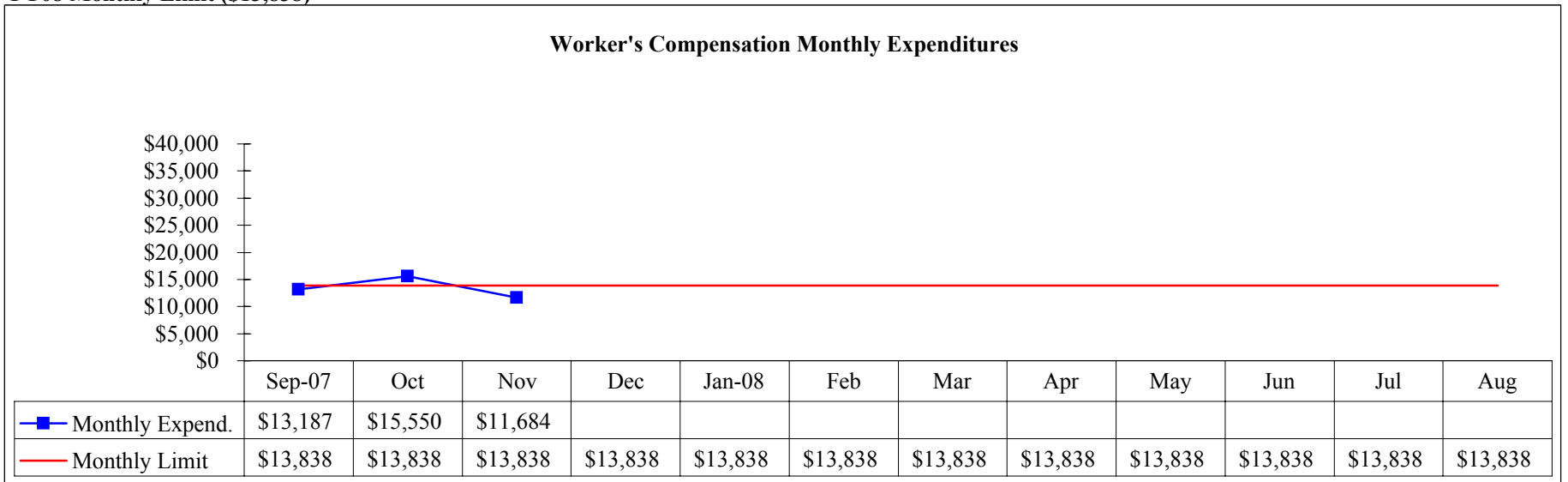
Objective 6B - Workers Compensation
El Paso Psychiatric Center
FY08 Monthly Limit (\$9,649)



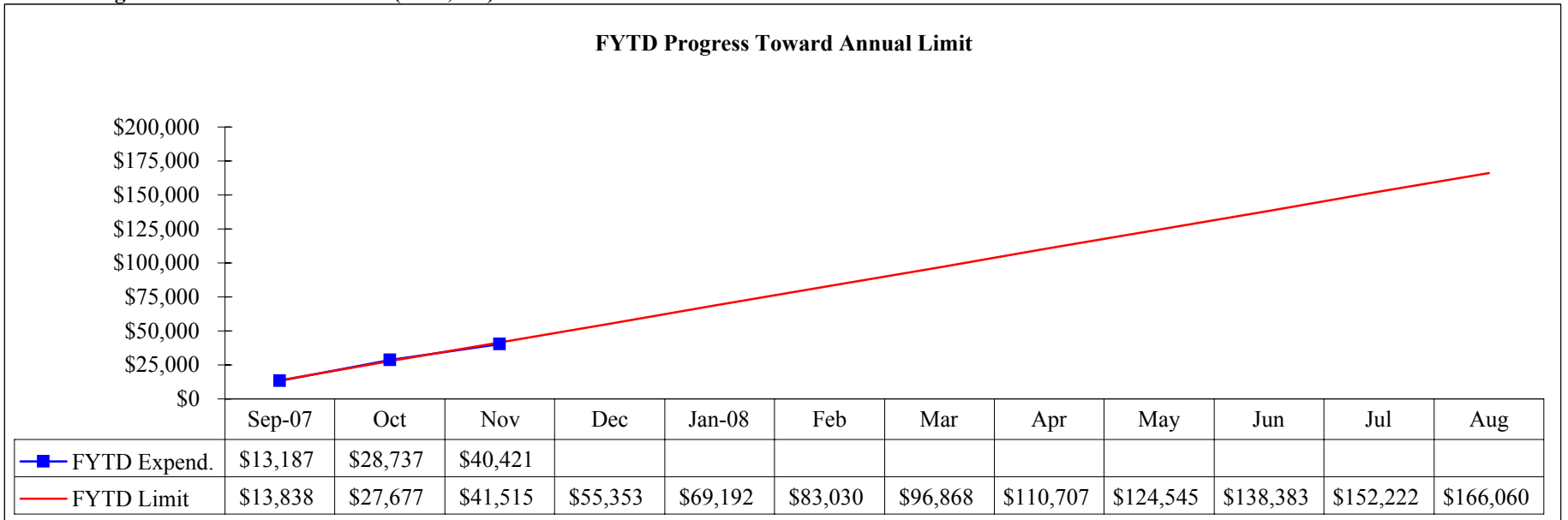
FYTD Progress Toward Annual Limit (\$115,787)



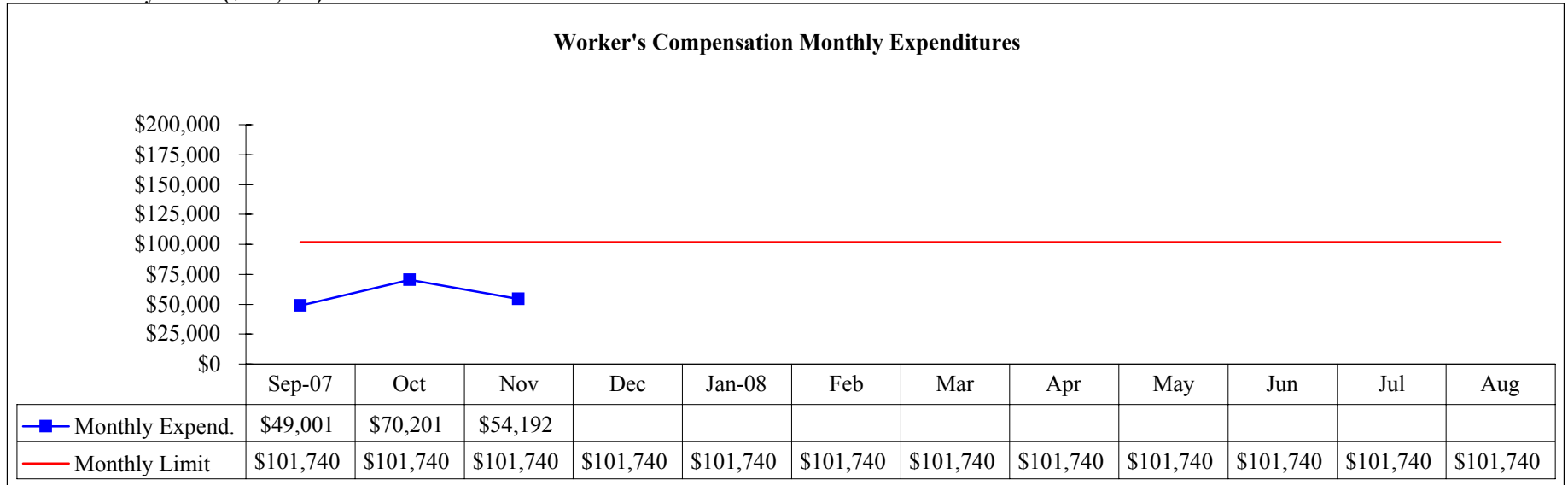
Objective 6B - Workers Compensation
Kerrville State Hospital
FY08 Monthly Limit (\$13,838)



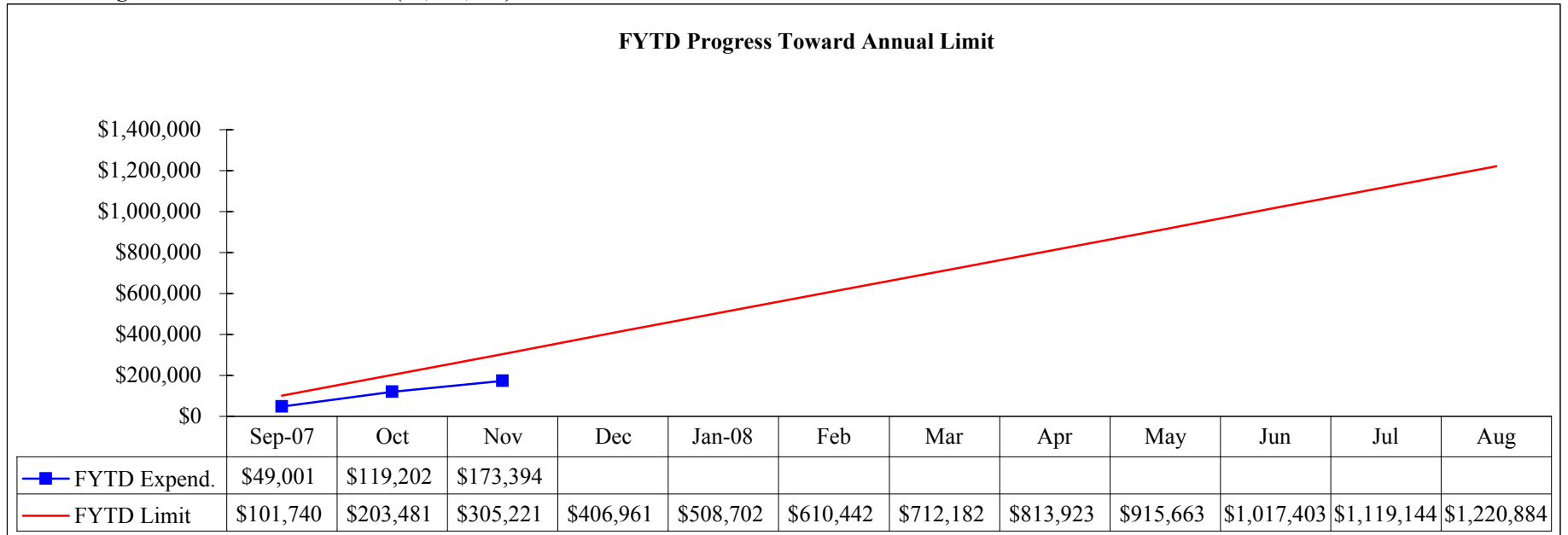
FYTD Progress Toward Annual Limit (\$166,060)



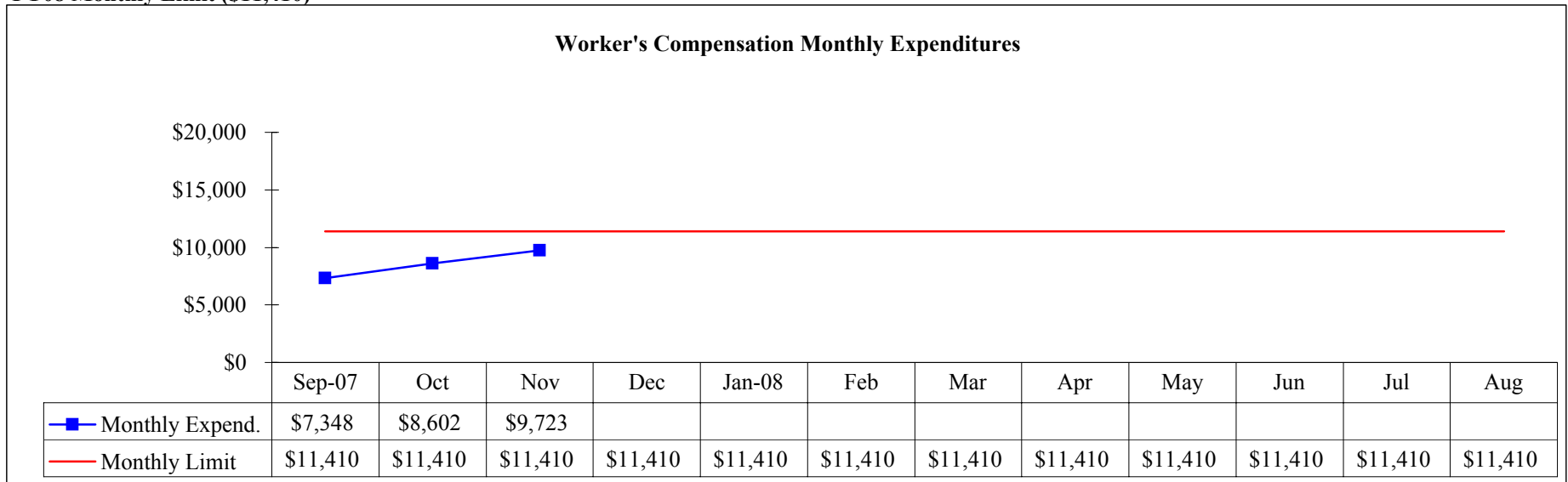
Objective 6B - Workers Compensation
North Texas State Hospital
FY08 Monthly Limit (\$101,740)



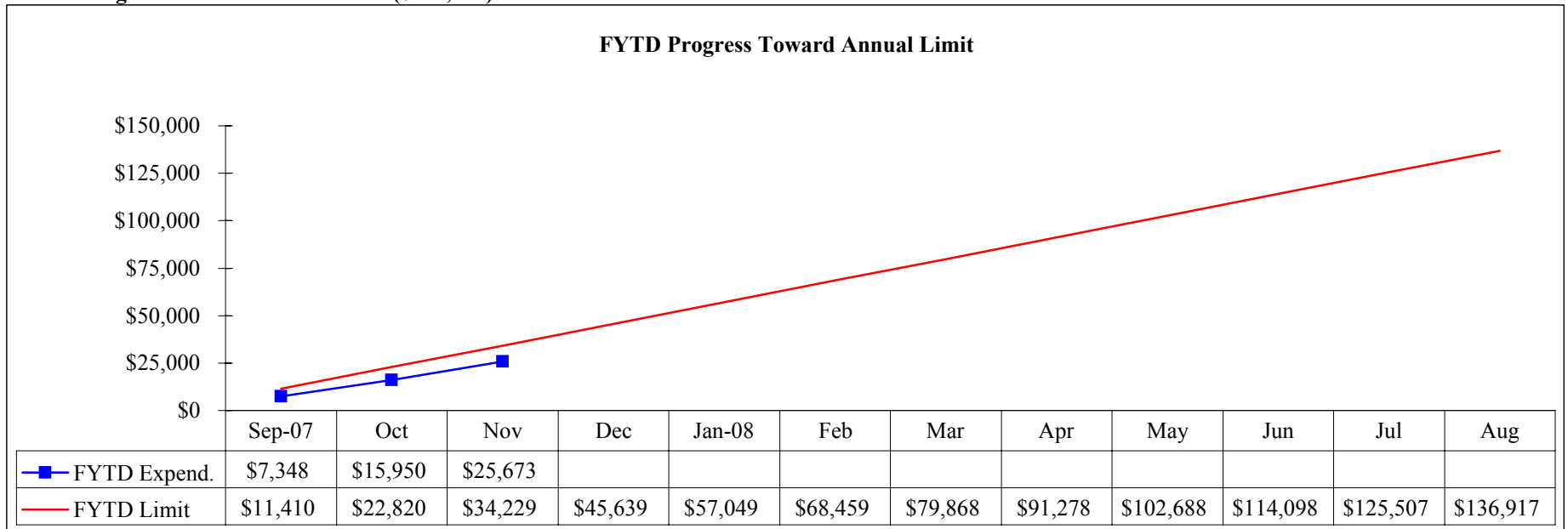
FYTD Progress Toward Annual Limit (\$1,220,884)



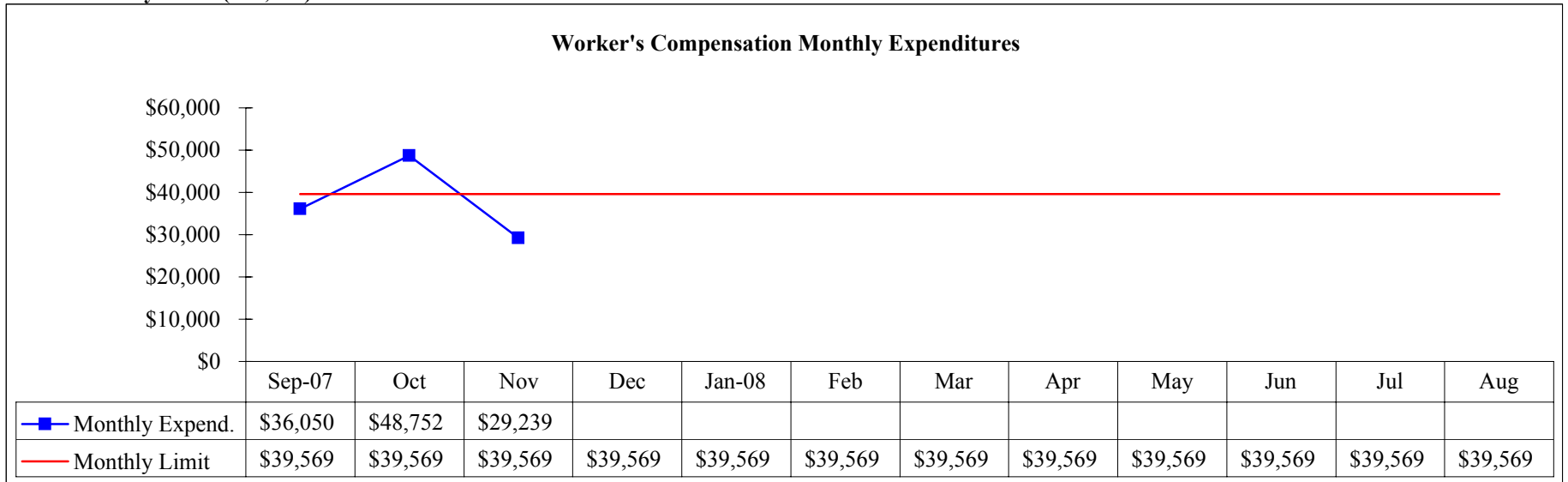
Objective 6B - Workers Compensation
Rio Grande State Center
FY08 Monthly Limit (\$11,410)



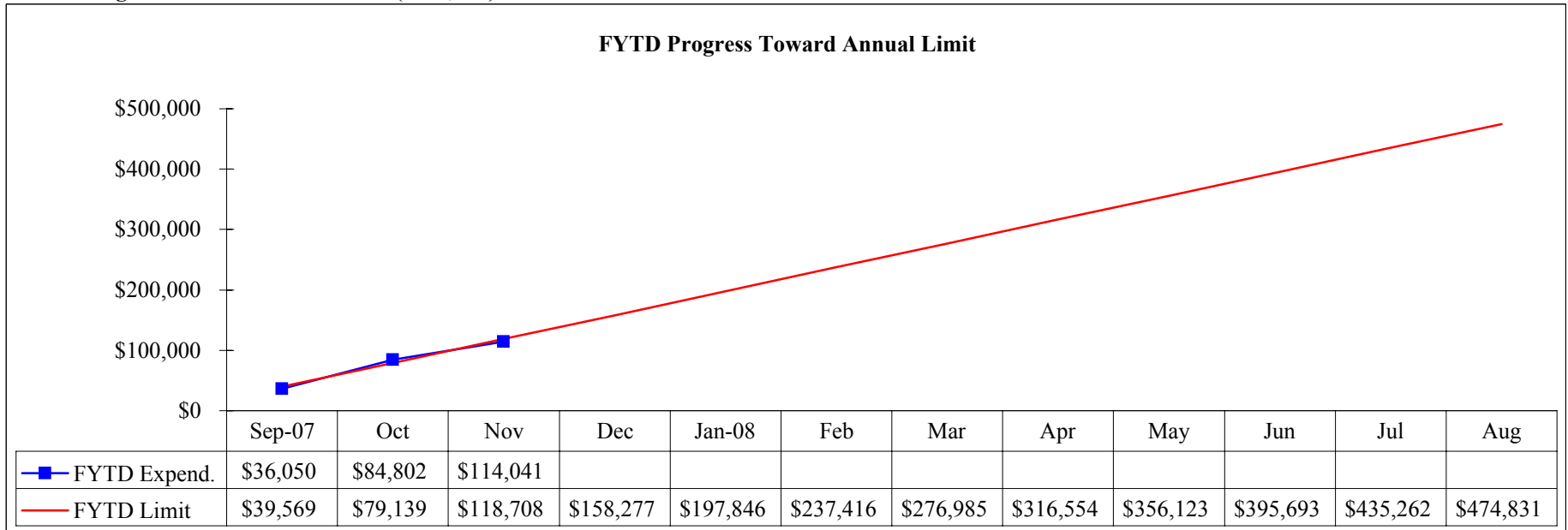
FYTD Progress Toward Annual Limit (\$136,917)



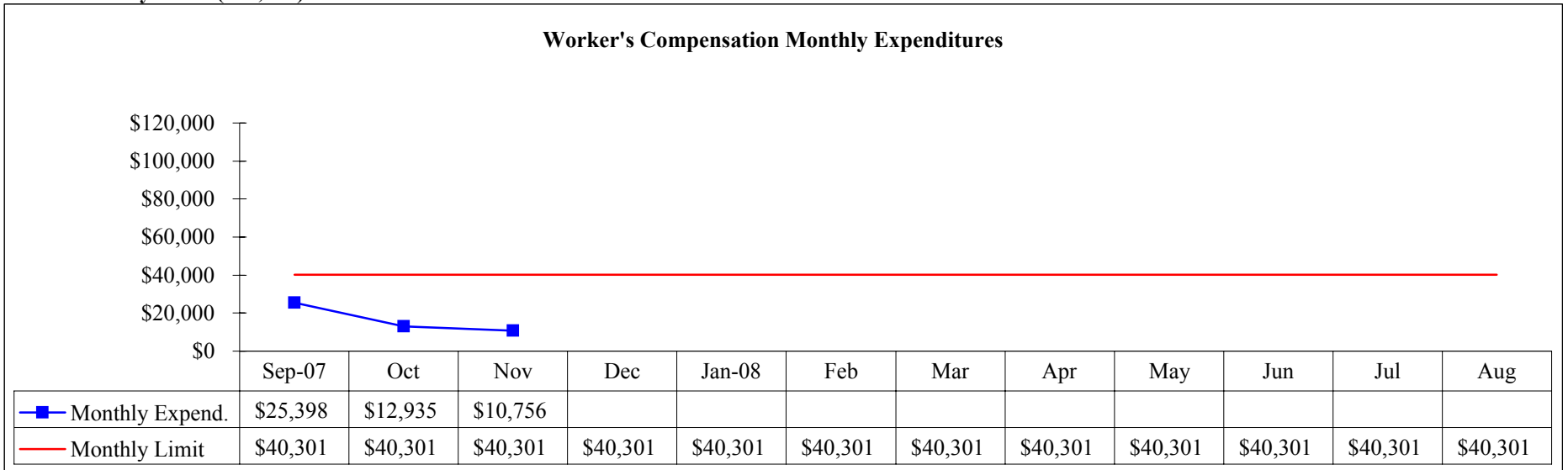
Objective 6B - Workers Compensation
Rusk State Hospital
FY08 Monthly Limit (\$39,569)



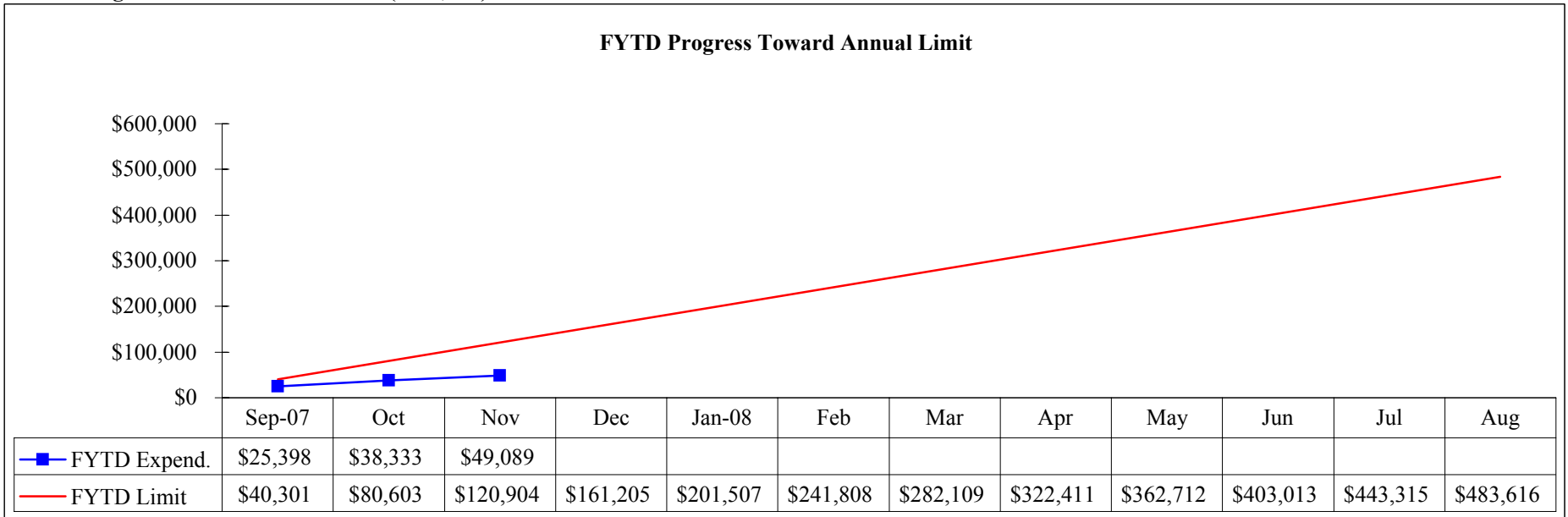
FYTD Progress Toward Annual Limit (\$474,831)



Objective 6B - Workers Compensation
San Antonio State Hospital
FY08 Monthly Limit (\$40,301)



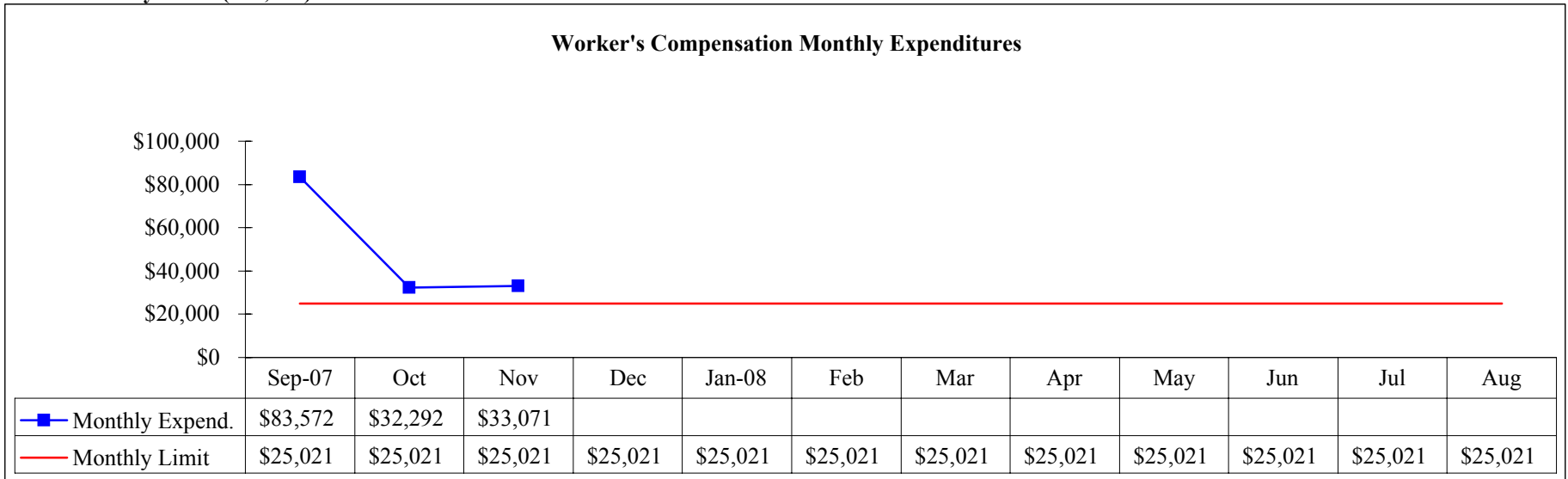
FYTD Progress Toward Annual Limit (\$483,616)



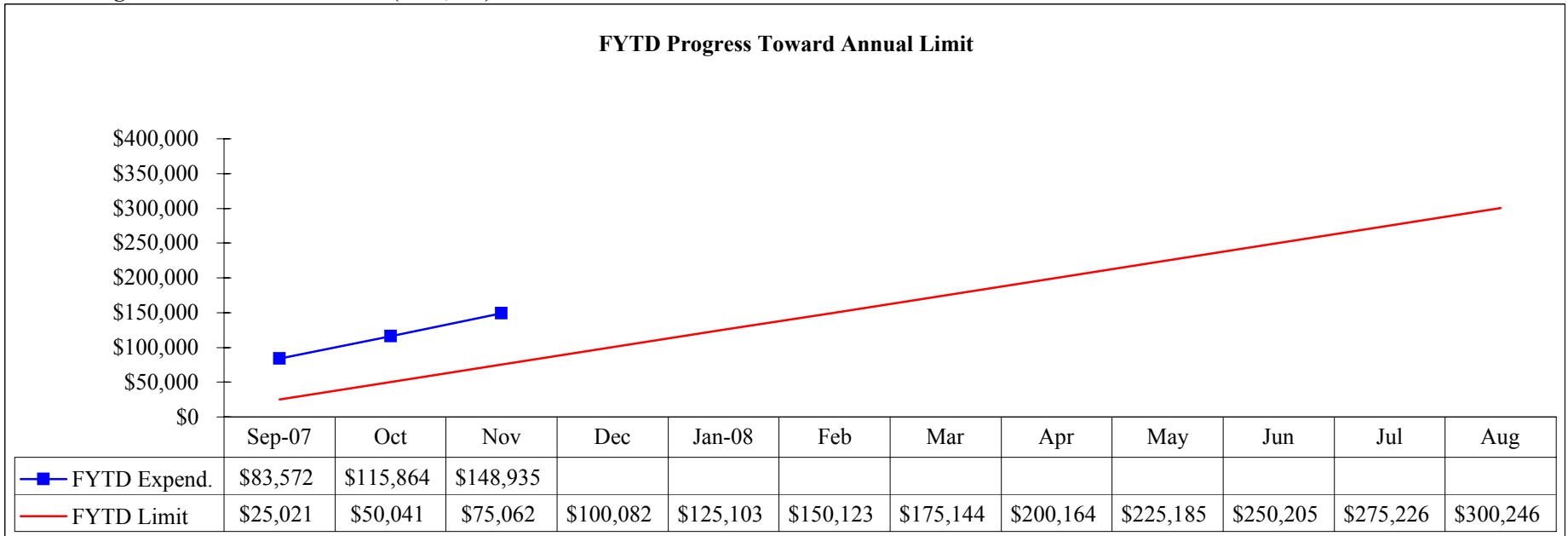
Objective 6B - Workers Compensation

Terrell State Hospital

FY08 Monthly Limit (\$25,021)



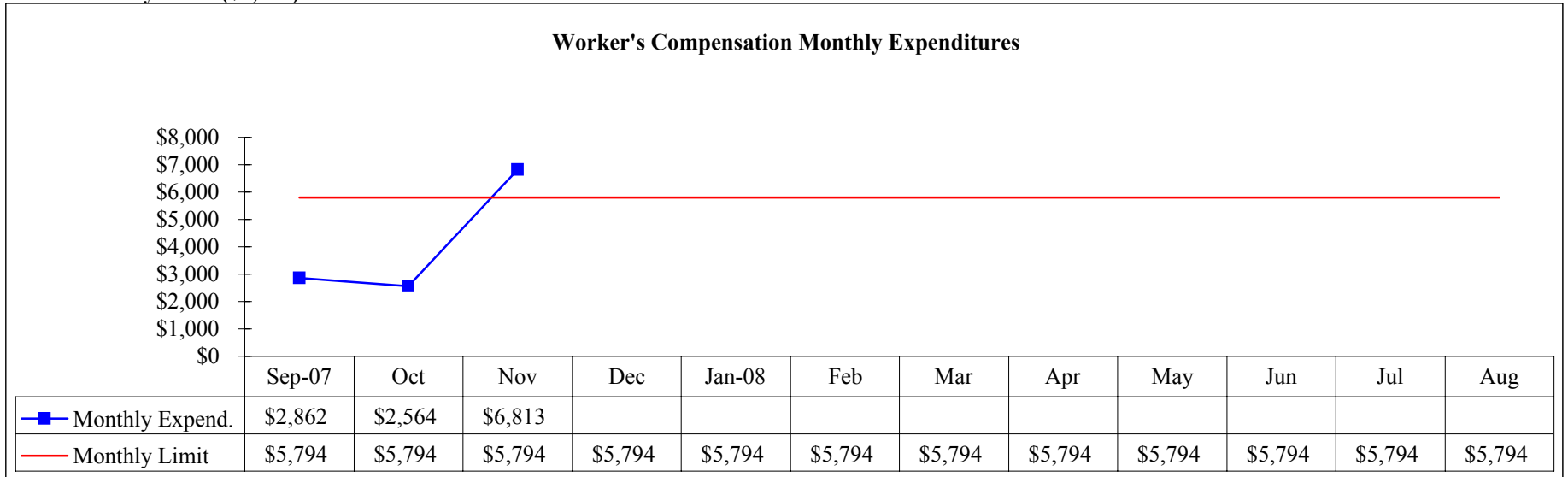
FYTD Progress Toward Annual Limit (\$300,246)



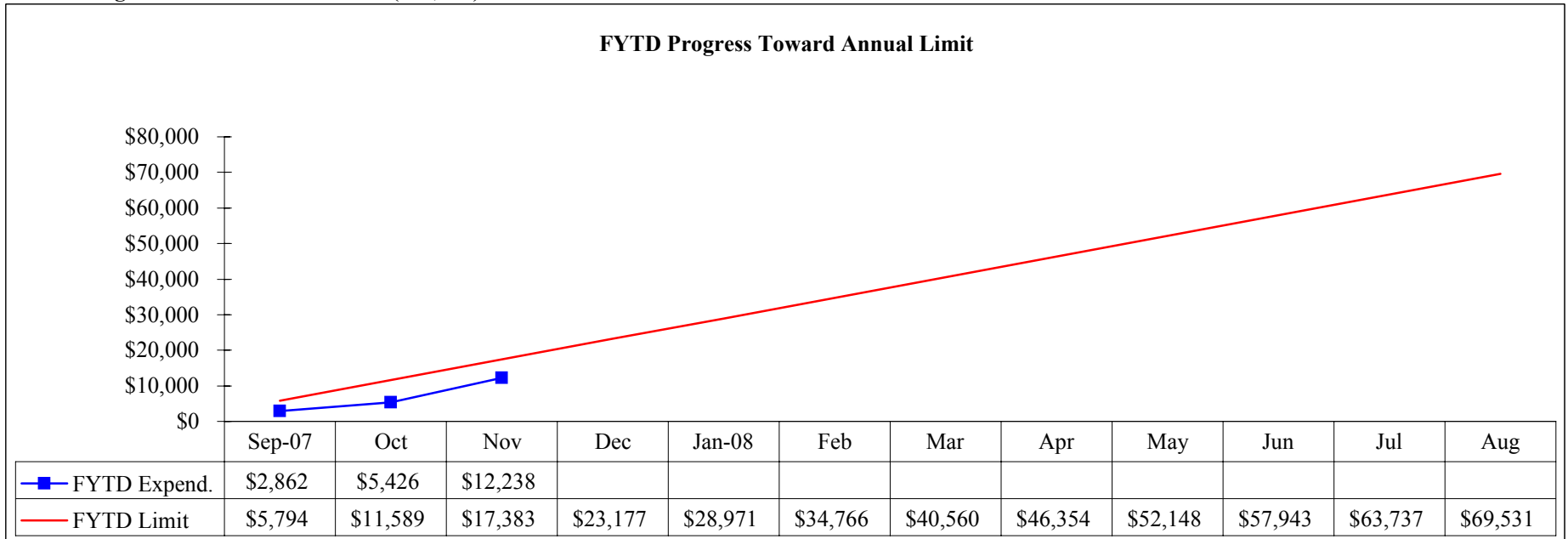
Objective 6B - Workers Compensation

Waco Center for Youth

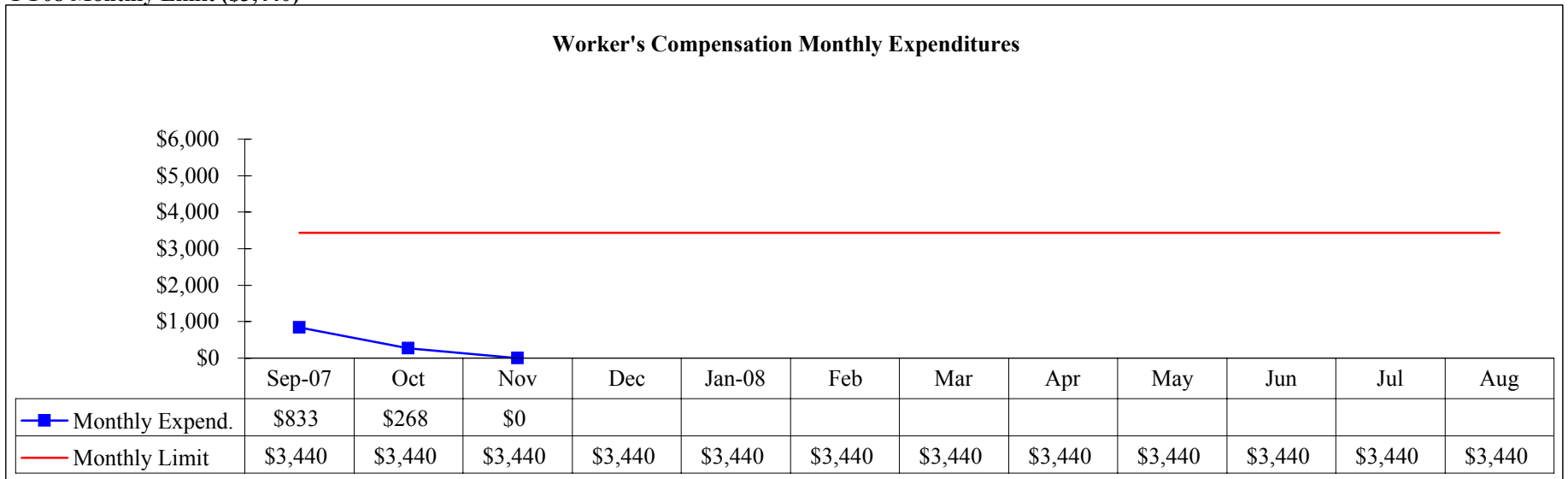
FY08 Monthly Limit (\$5,794)



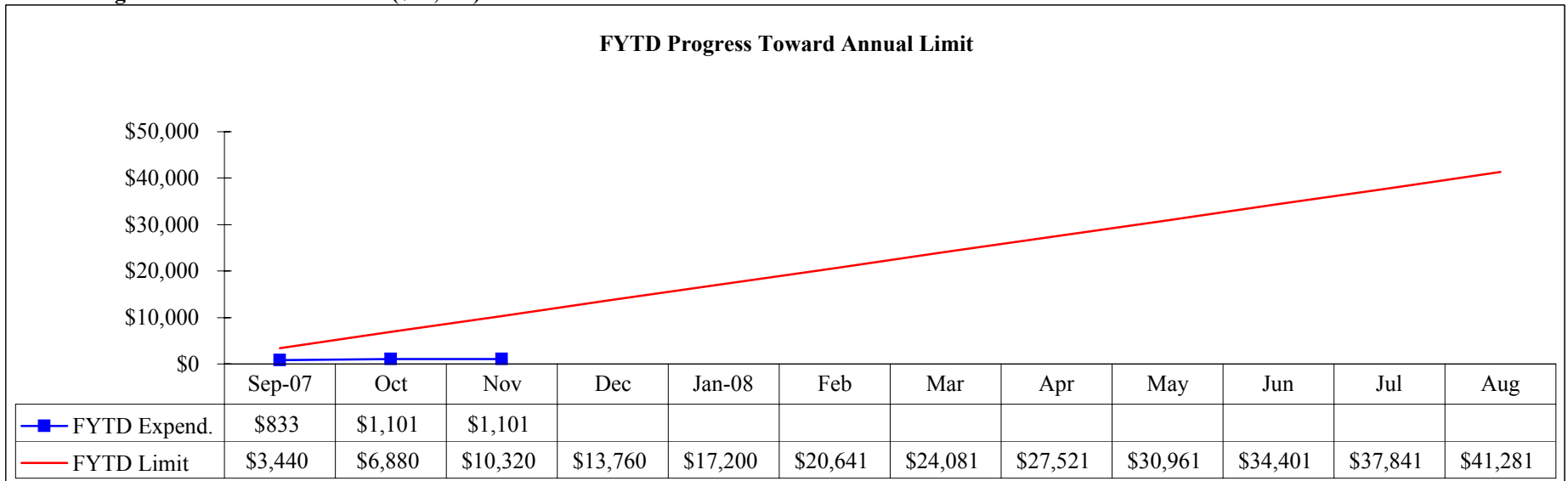
FYTD Progress Toward Annual Limit (\$69,531)



Objective 6B - Workers Compensation
Texas Center for Infectious Disease
FY08 Monthly Limit (\$3,440)



FYTD Progress Toward Annual Limit (\$41,281)



Performance Objective 6C:

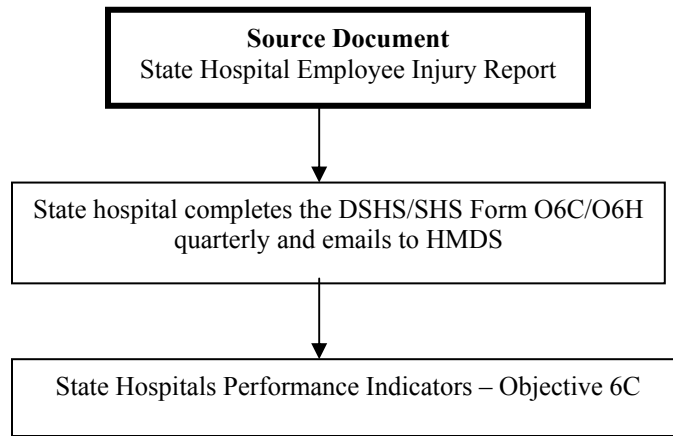
Employee injuries resulting in a workers' compensation claim will not exceed 0.85 per 1,000 bed days.

Performance Objective Operational Definition: The state hospital rate of employee injuries resulting in a worker compensation claim filed.

Performance Objective Data Display and Chart Description:

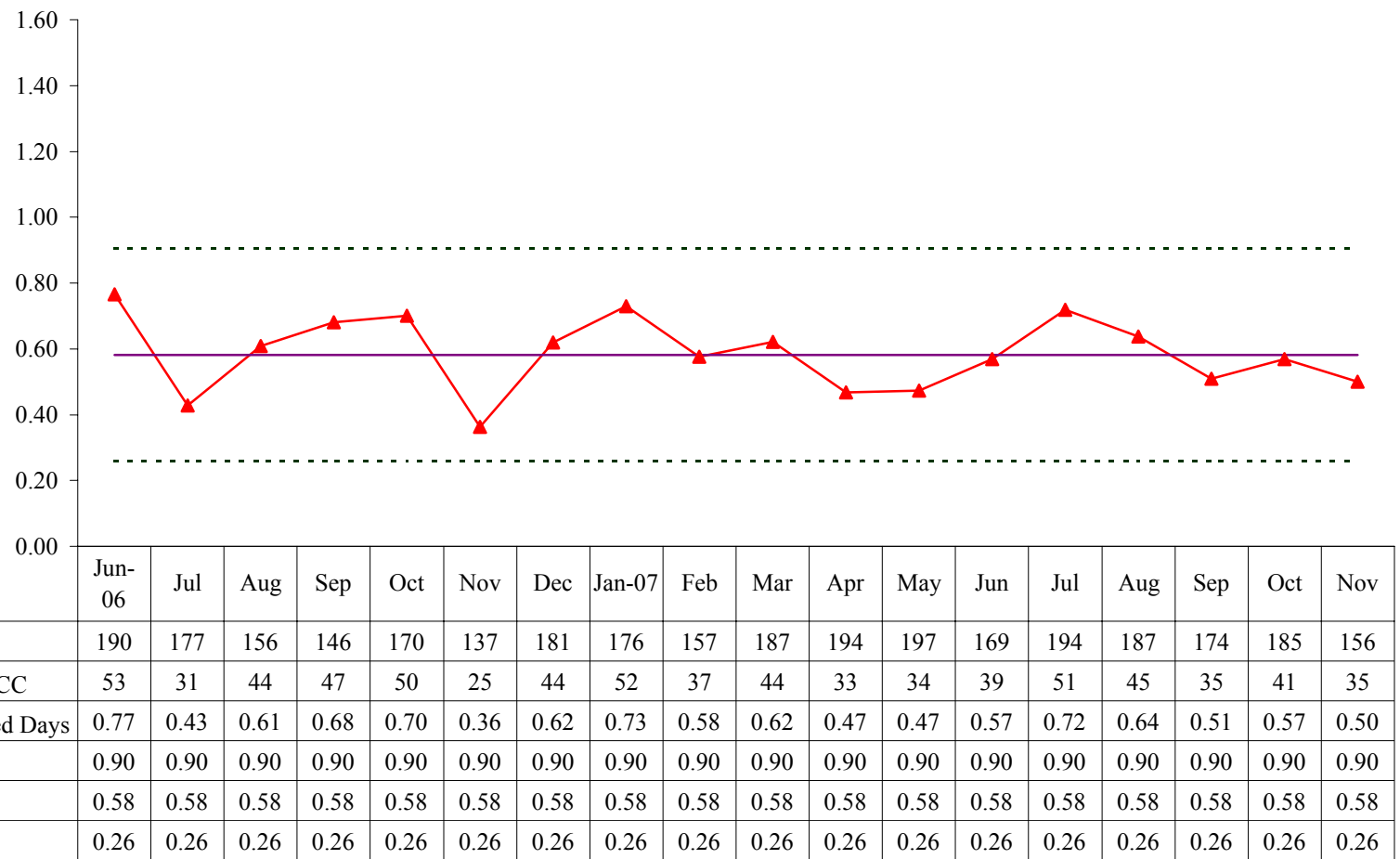
Chart with monthly data points showing total employee injuries, injuries resulting in a workers compensation claim and rate per 1,000 bed days.

Data Flow:

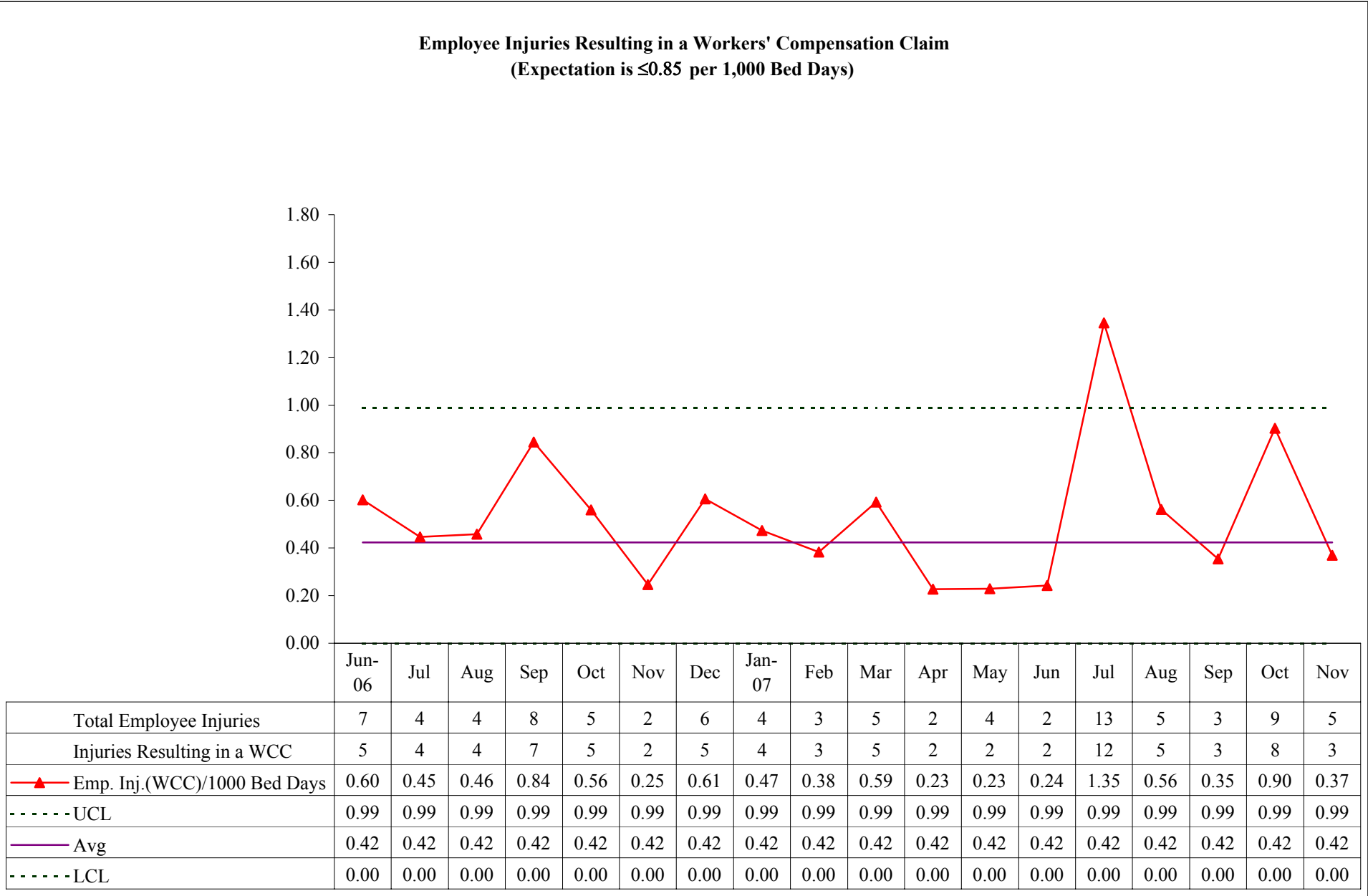


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
All State Hospitals

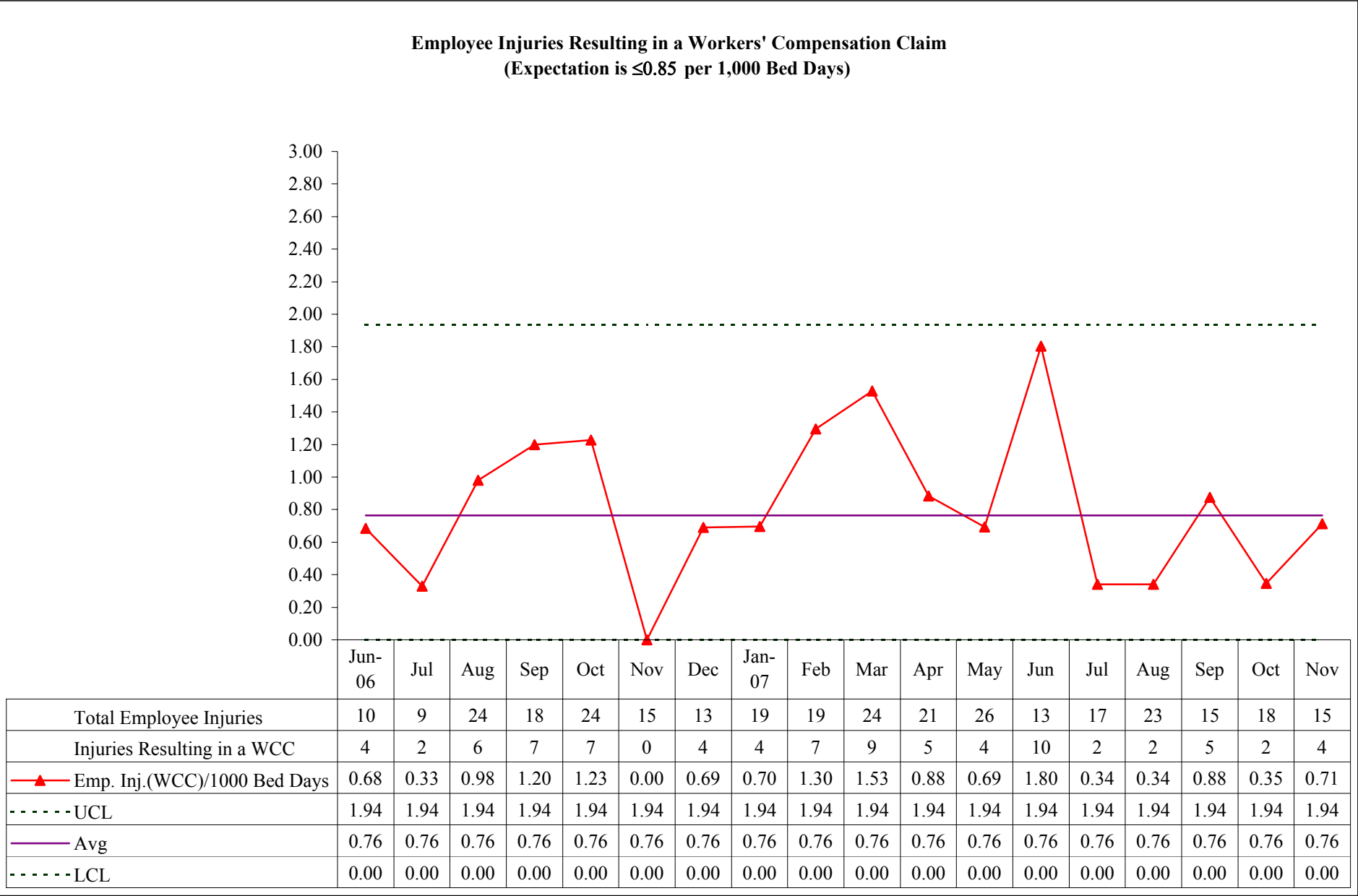
Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Austin State Hospital

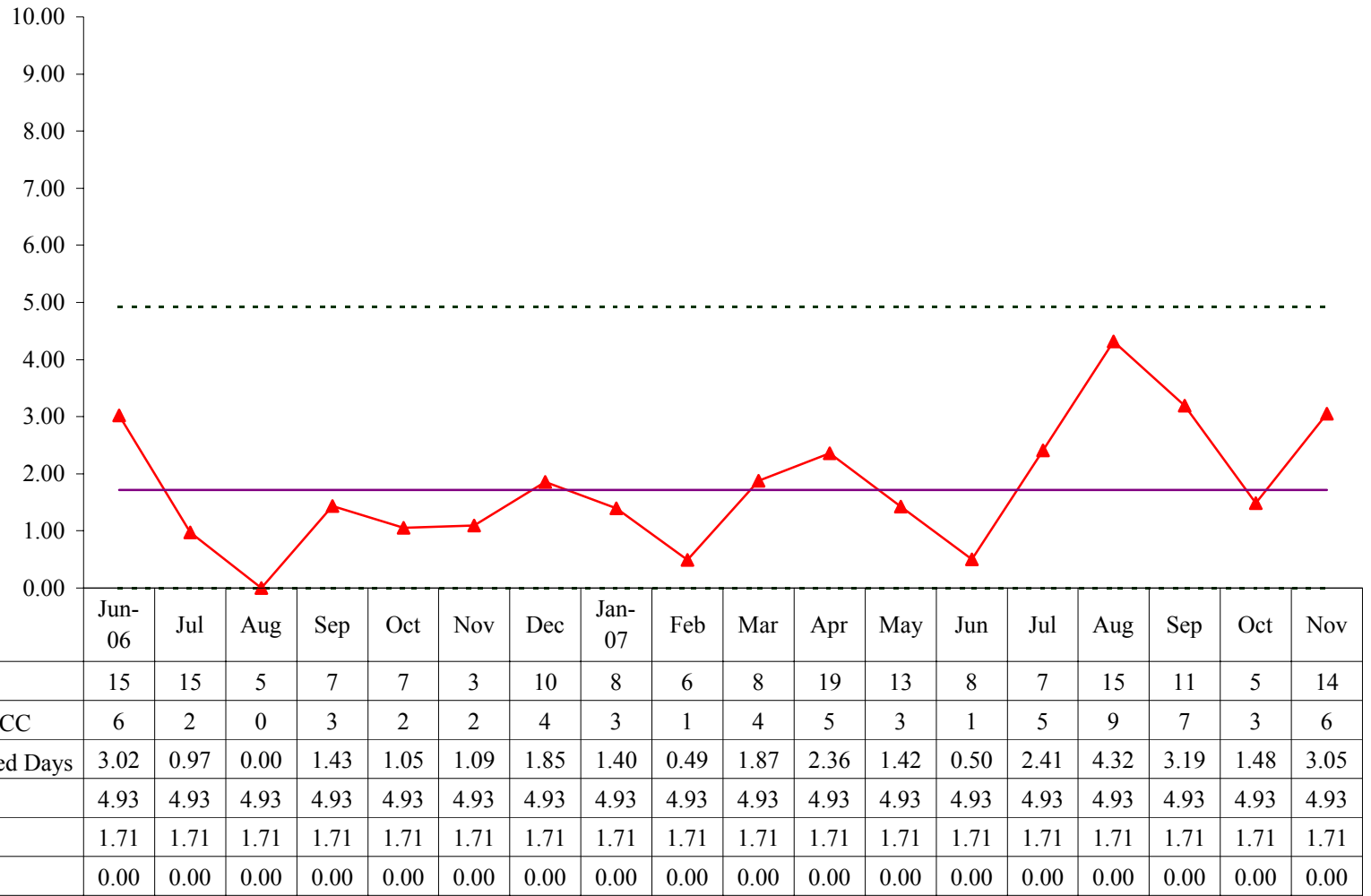


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Big Spring State Hospital

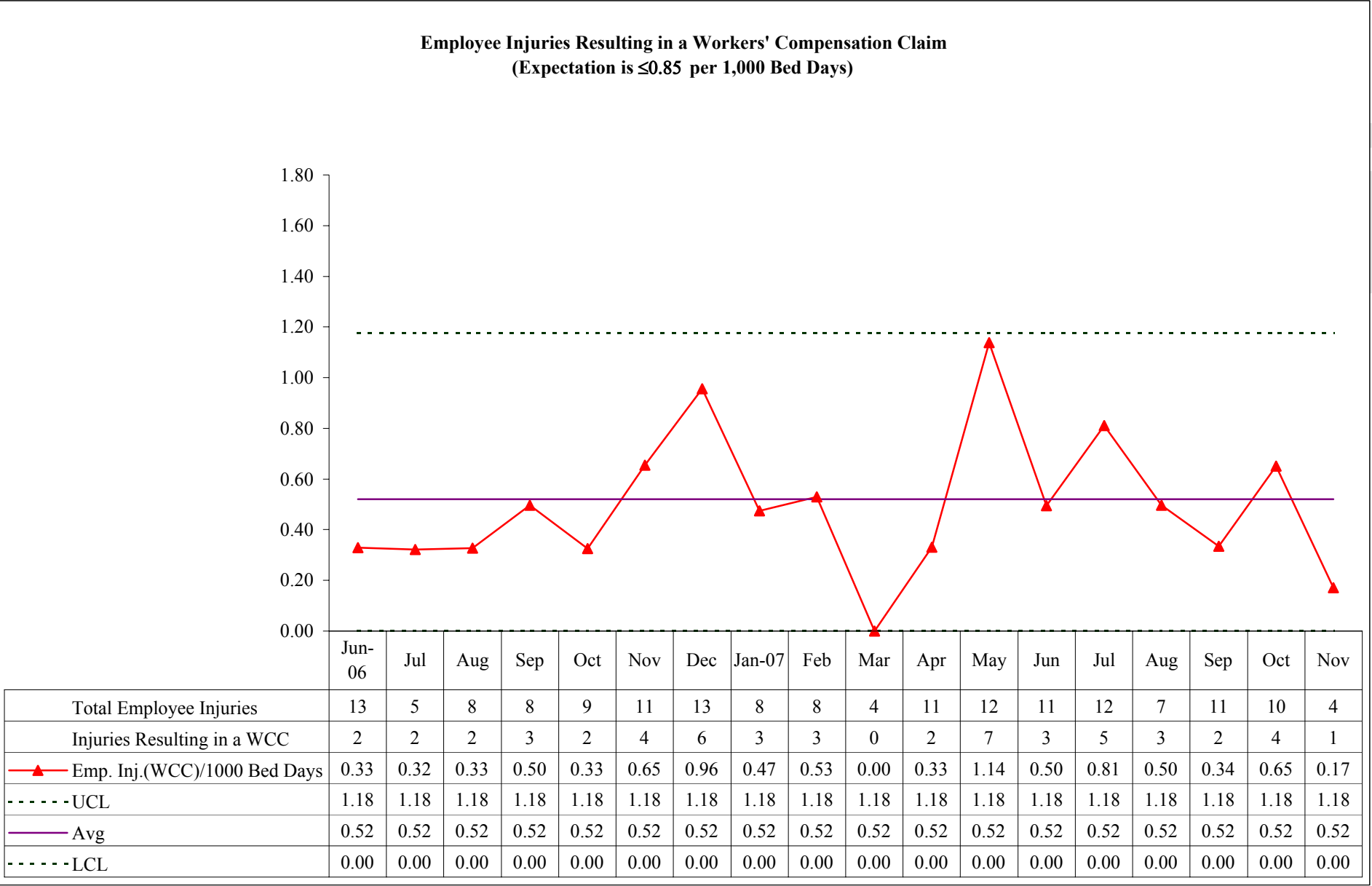


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
El Paso Psychiatric Center

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)

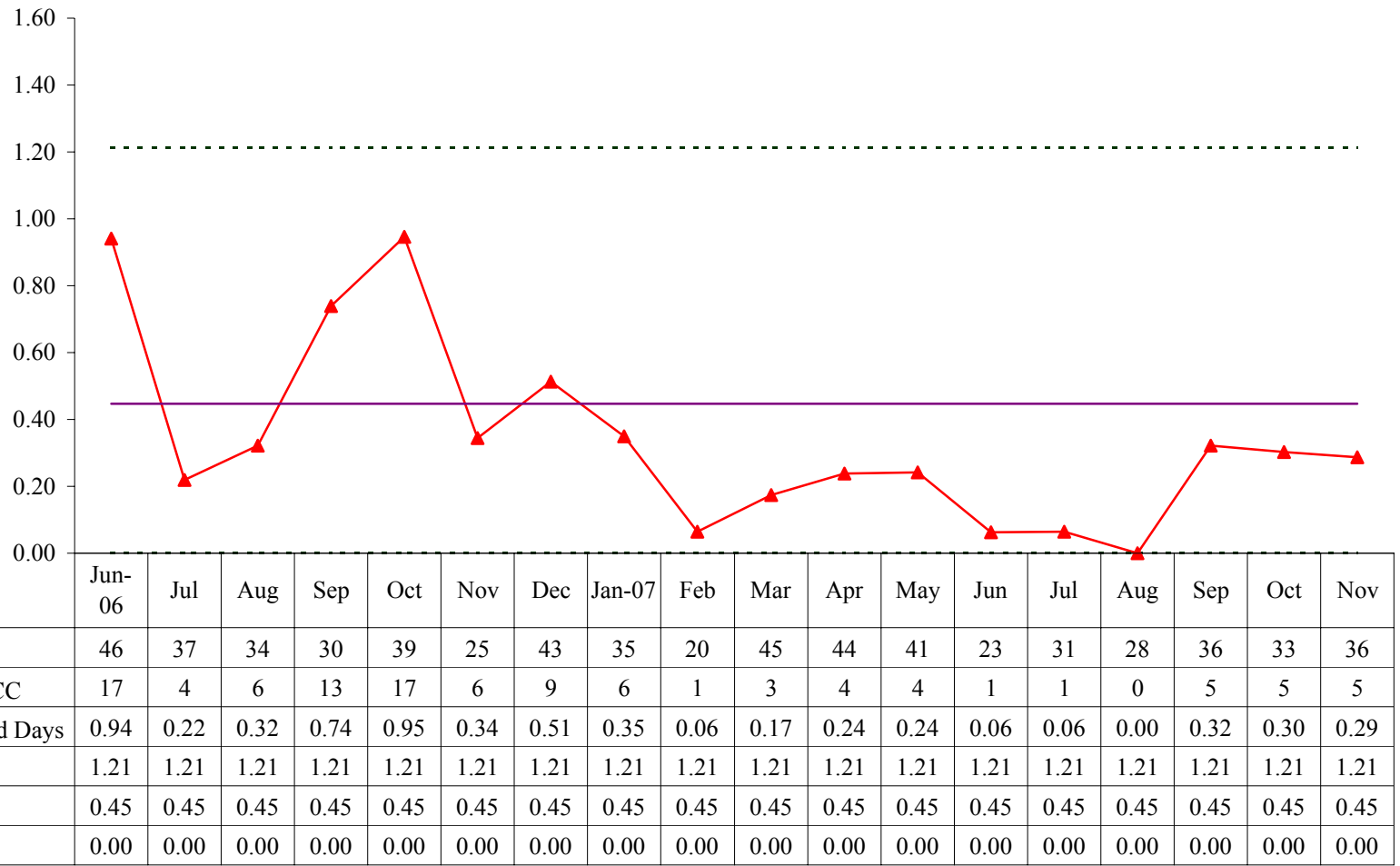


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Kerrville State Hospital



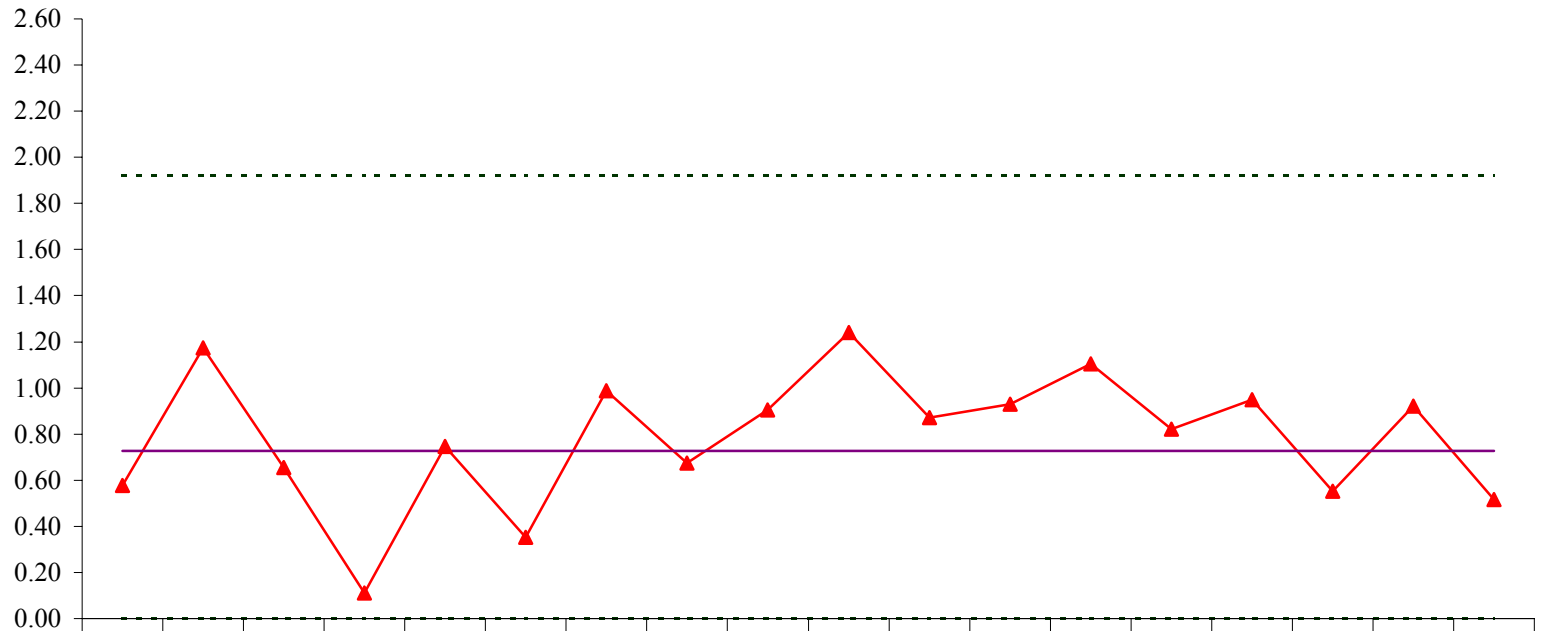
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
North Texas State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



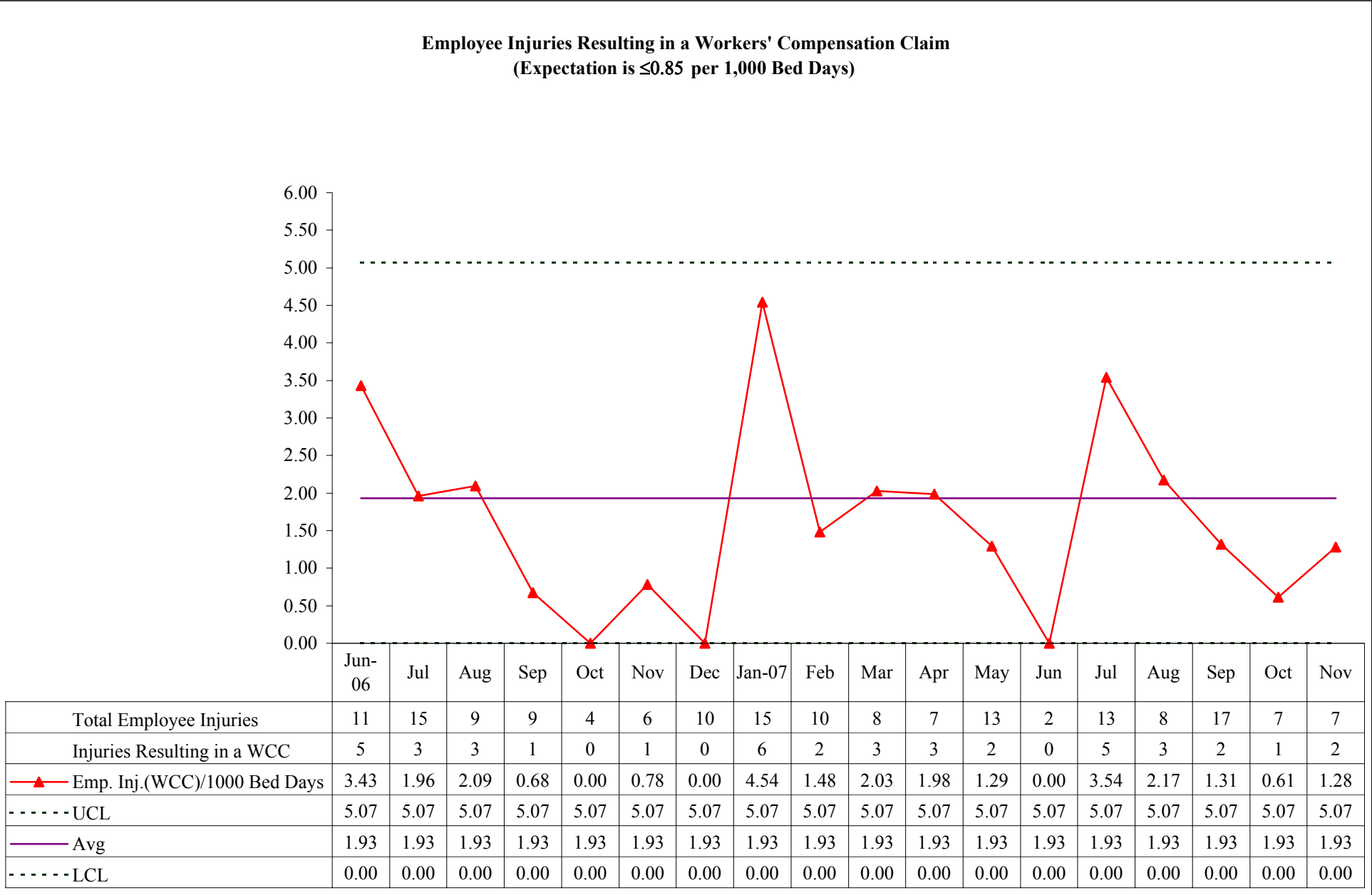
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rusk State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim
 (Expectation is ≤ 0.85 per 1,000 Bed Days)

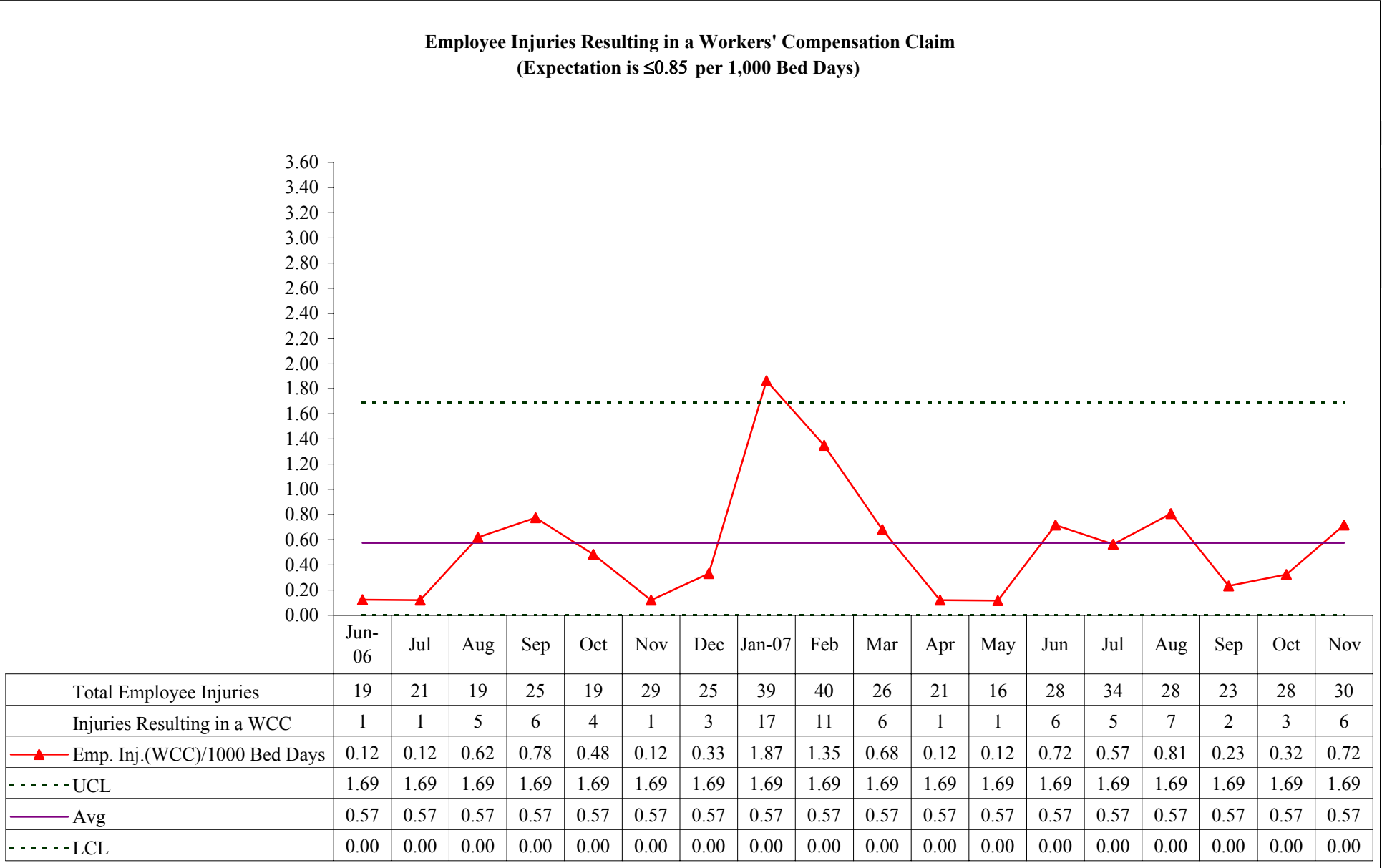


	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	28	32	20	9	23	27	33	27	33	32	33	24	46	27	24	31	41	30
Injuries Resulting in a WCC	5	11	6	1	7	3	9	6	7	11	8	9	10	8	9	5	9	5
▲ Emp. Inj.(WCC)/1000 Bed Days	0.58	1.17	0.65	0.11	0.75	0.35	0.99	0.67	0.91	1.24	0.87	0.93	1.10	0.82	0.95	0.55	0.92	0.52
..... UCL	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92	1.92
———— Avg	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Rio Grande State Center

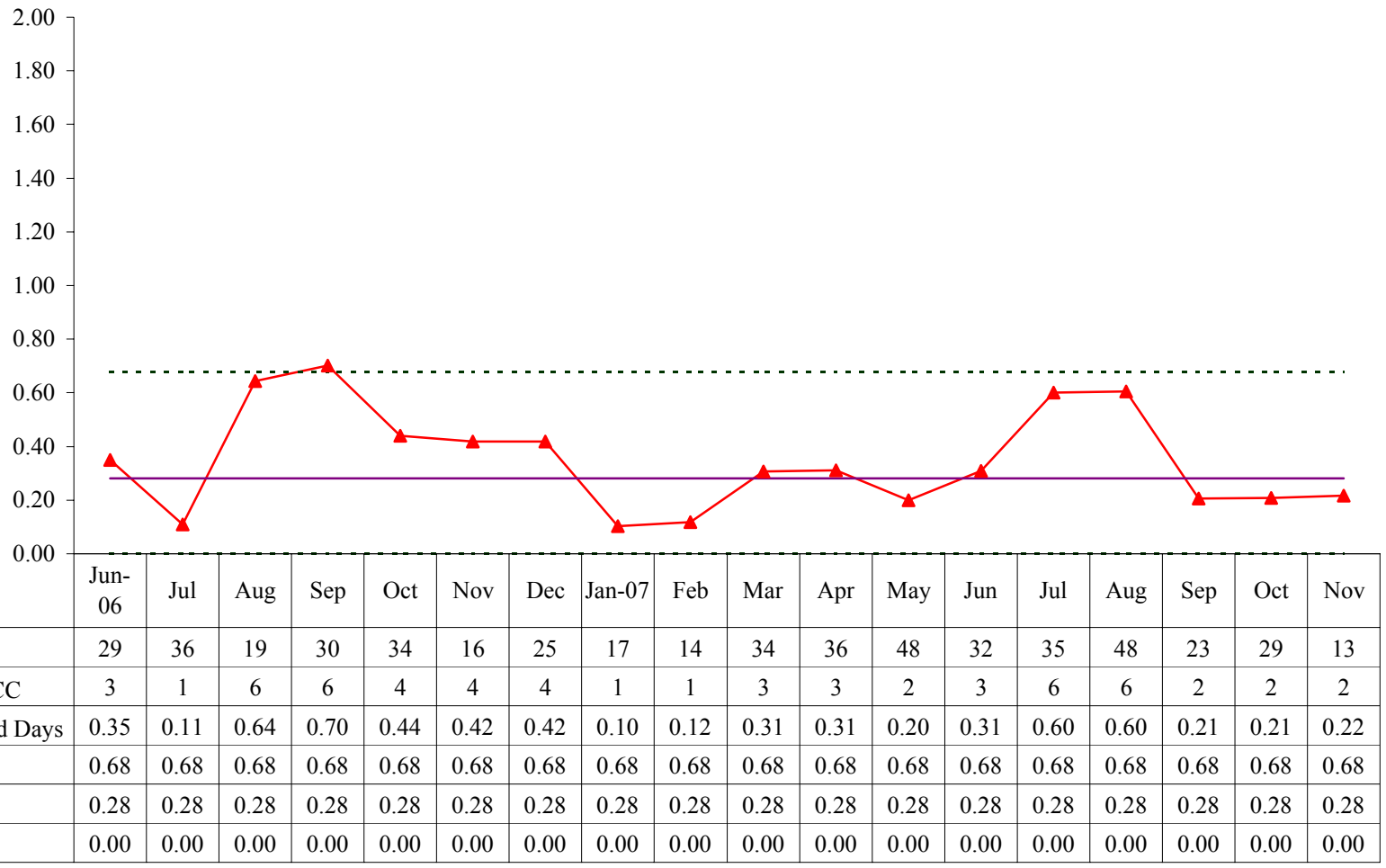


Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
San Antonio State Hospital



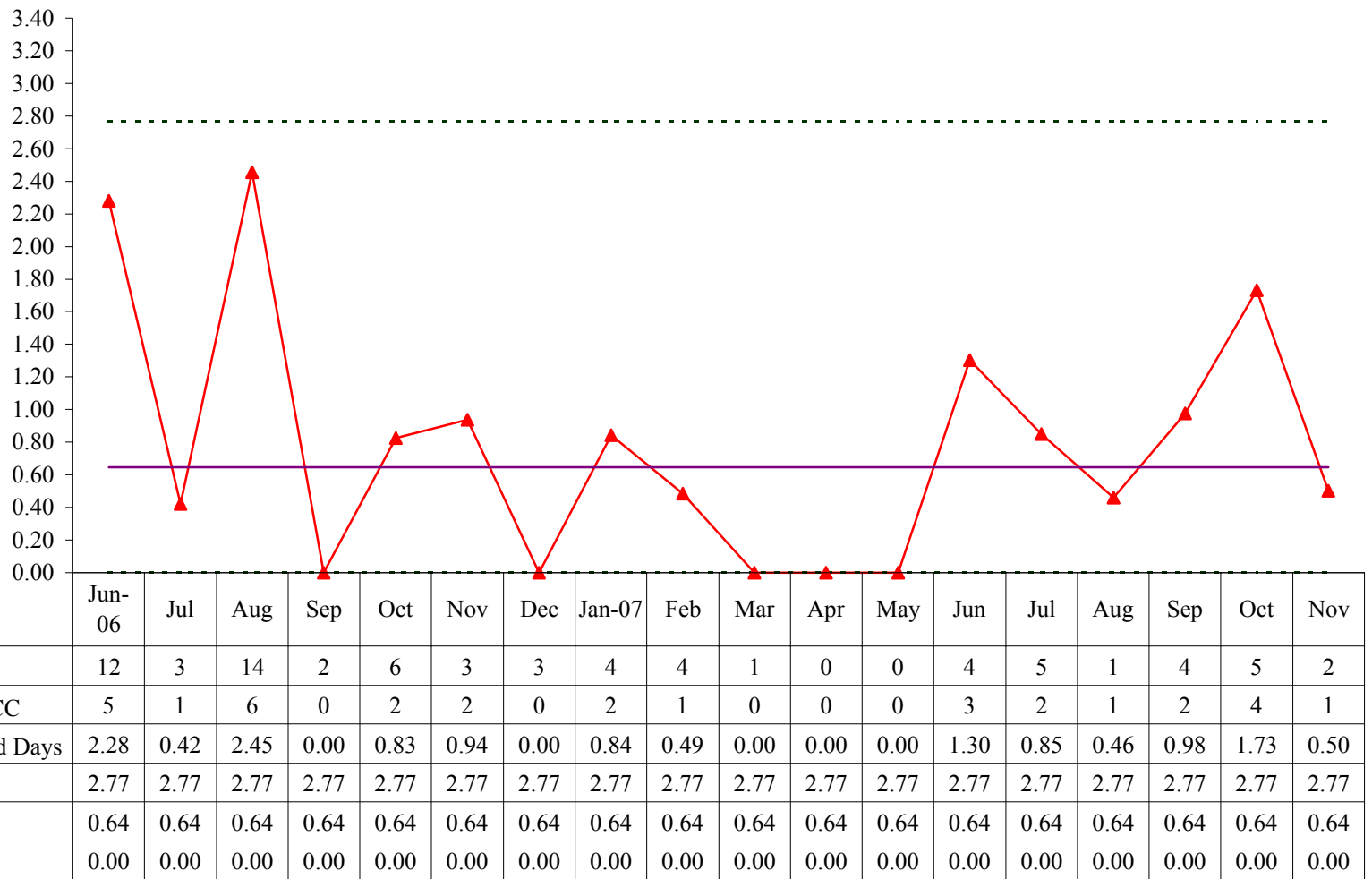
Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Terrell State Hospital

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



Objective 6C - Employee Injuries Resulting in a Workers' Compensation Claim
Waco Center for Youth

Employee Injuries Resulting in a Workers' Compensation Claim
(Expectation is ≤ 0.85 per 1,000 Bed Days)



Performance Objective 6D:

The rate of patient injuries in mental health hospitals related to behavioral seclusion and restraint will not exceed 0.49 per 1,000 bed days for FY08.

Performance Objective Operational Definition: Patient injuries documented on the Client Injury Assessment per FY quarter resulted from restraint or seclusion (per 1,000 bed days).

Performance Objective Formula: $R=(N/D) \times 1000$

R = rate of patients injured during restraint or seclusion per 1,000 bed days per quarter

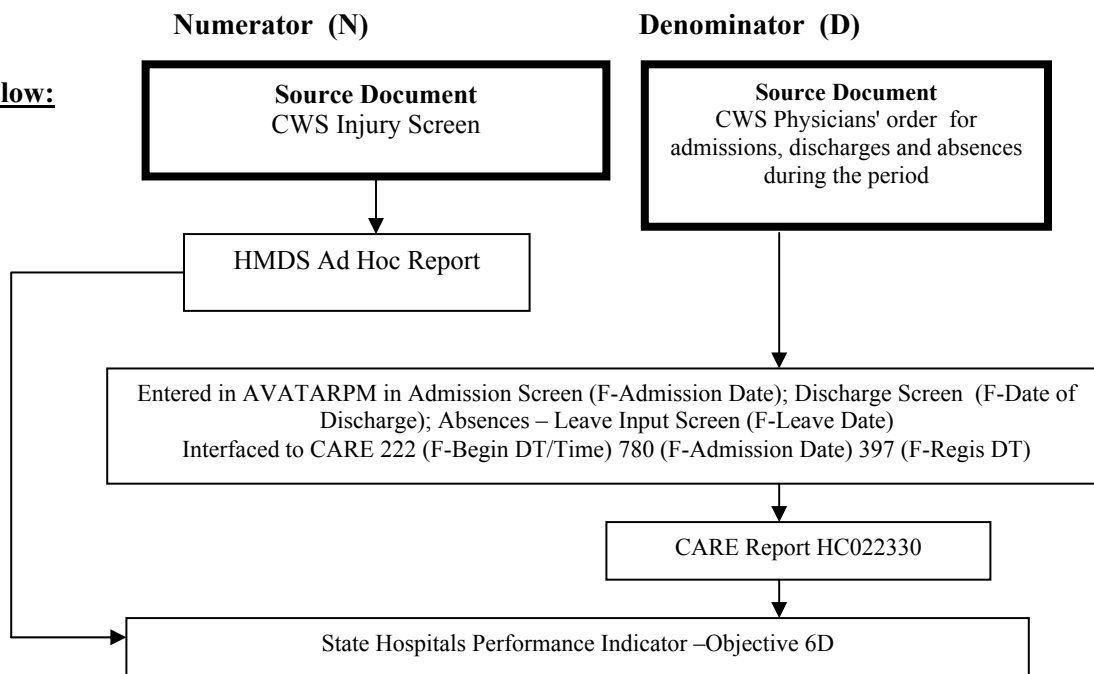
N = number of patients injured during restraint or seclusion per quarter

D = number of bed days per quarter 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

- ◆ Table shows quarterly number of injuries by restraint or seclusion by treatment for individual state hospitals and system-wide.
- ◆ Bar chart with total FYTD client injuries resulted from restraint and seclusion per 1,000 bed days.

Data Flow:



Objective 6D - Client Injuries Resulted From Restraint and Seclusion

All State Hospitals - FY2008

	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
Hospital	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total
ALL SH																												
Restraint	2	36	72	4	0	0	114																					
Seclusion	0	3	0	1	0	0	4																					
Total	2	39	72	5	0	0	118																					
Per 1000 Beddays							0.6																					

Performance Objective 6E:

Employees in mental health hospitals injured during restraint or seclusion will not exceed .85 per 1,000 bed days across all mental health hospitals for FY 2008.

Performance Objective Operational Definition: The mental health hospital rate of employees injured during restraint or seclusion per 1,000 bed days.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of employees injured during restraint or seclusion per 1000 bed days per month

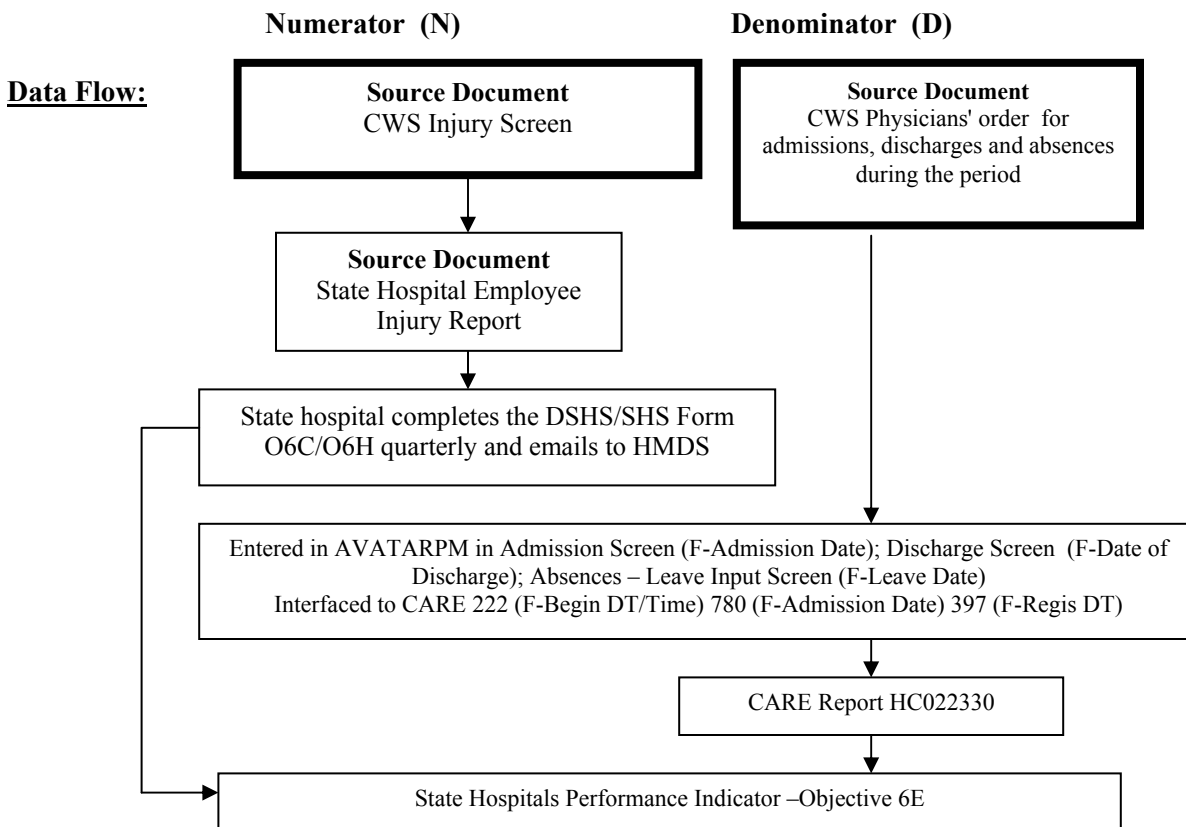
N = number of employees injured during restraint or seclusion per month

D = number of bed days per month 1,000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

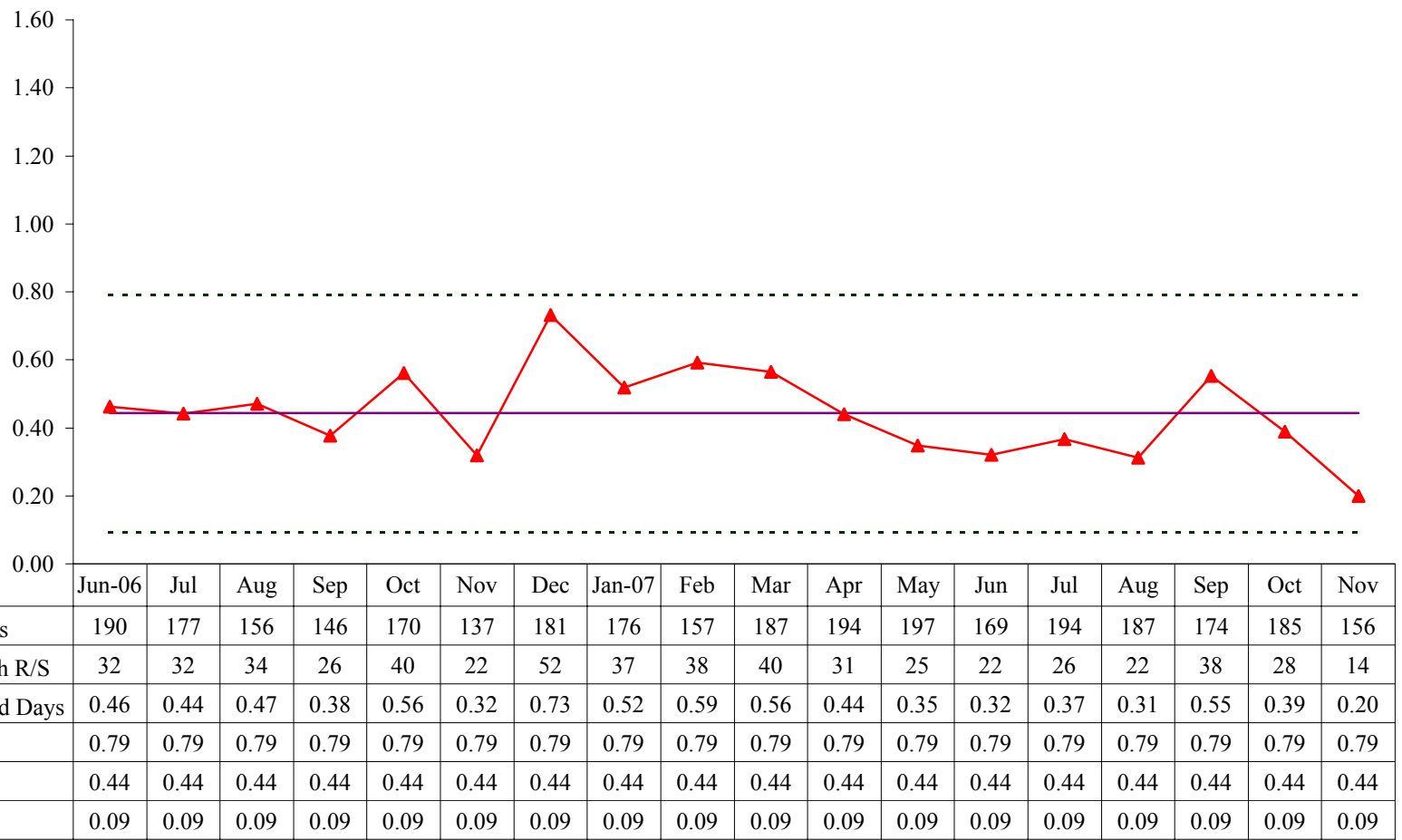
Chart with monthly data points showing total employee injuries, injuries associated with restraint or seclusion and rate per 1,000 bed days.

See Objective 6C for charts.



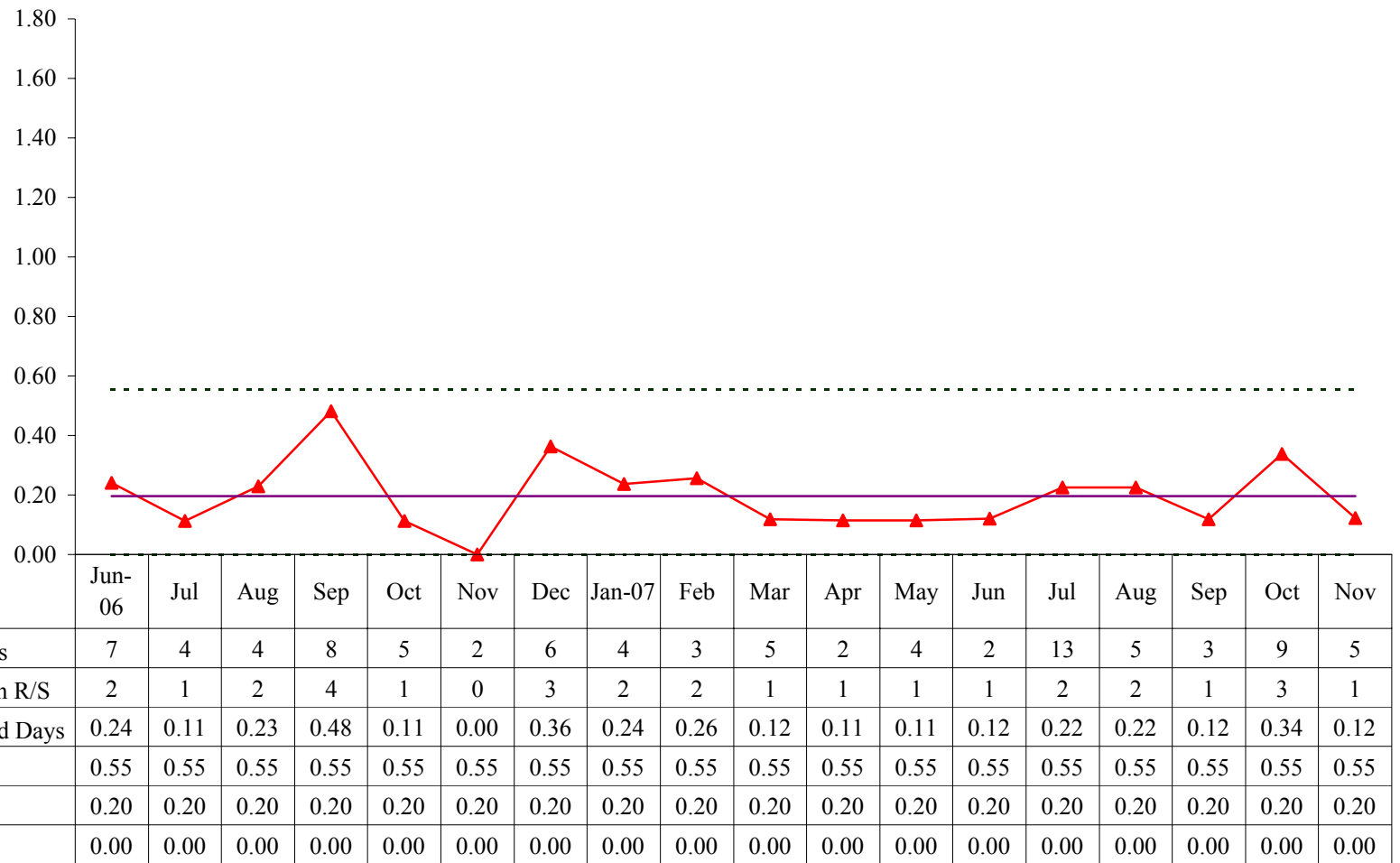
Objective 6E - Employees Injured During Restraint or Seclusion
All State Hospitals

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)

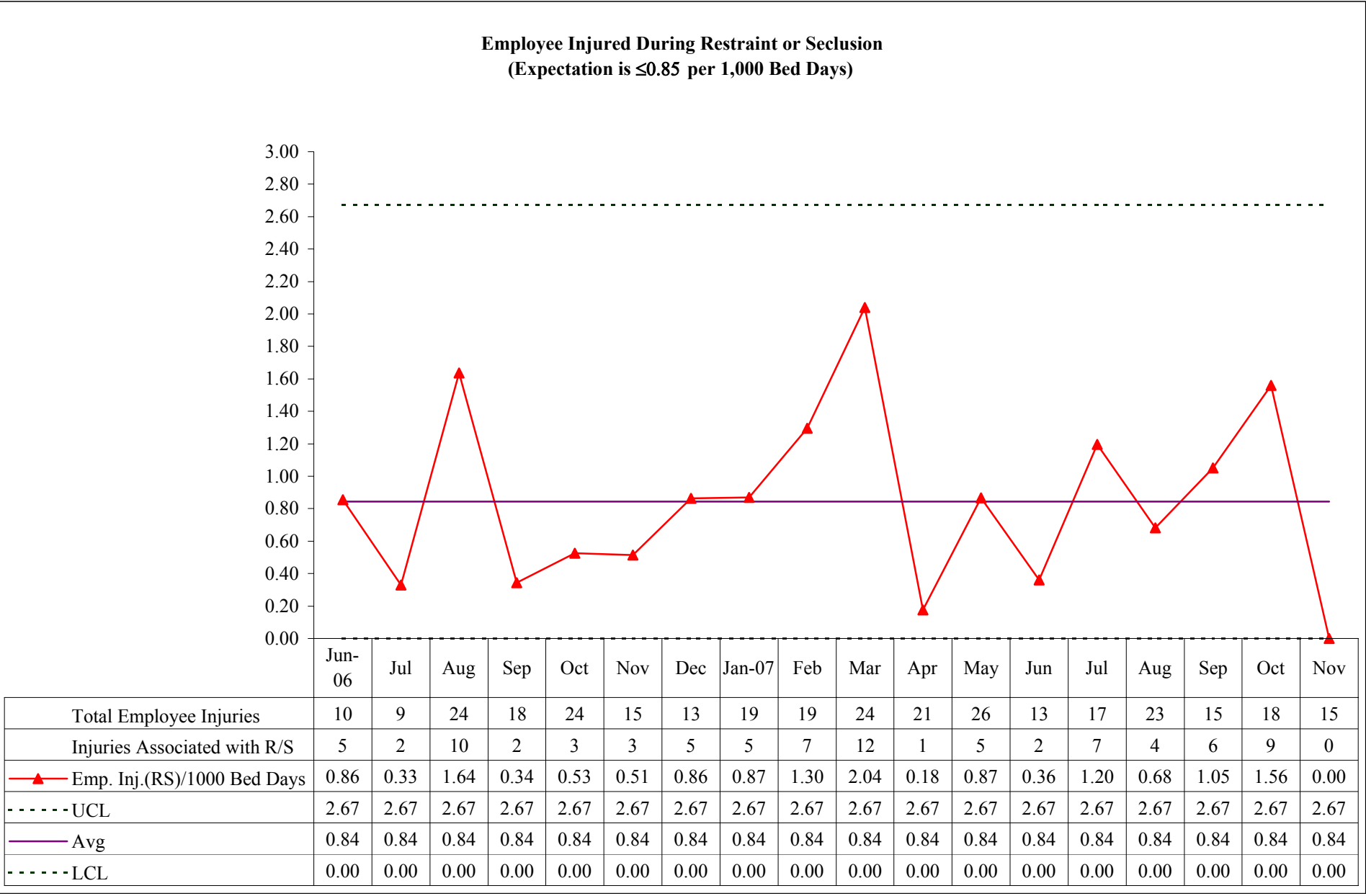


Objective 6E - Employees Injured During Restraint or Seclusion
Austin State Hospital

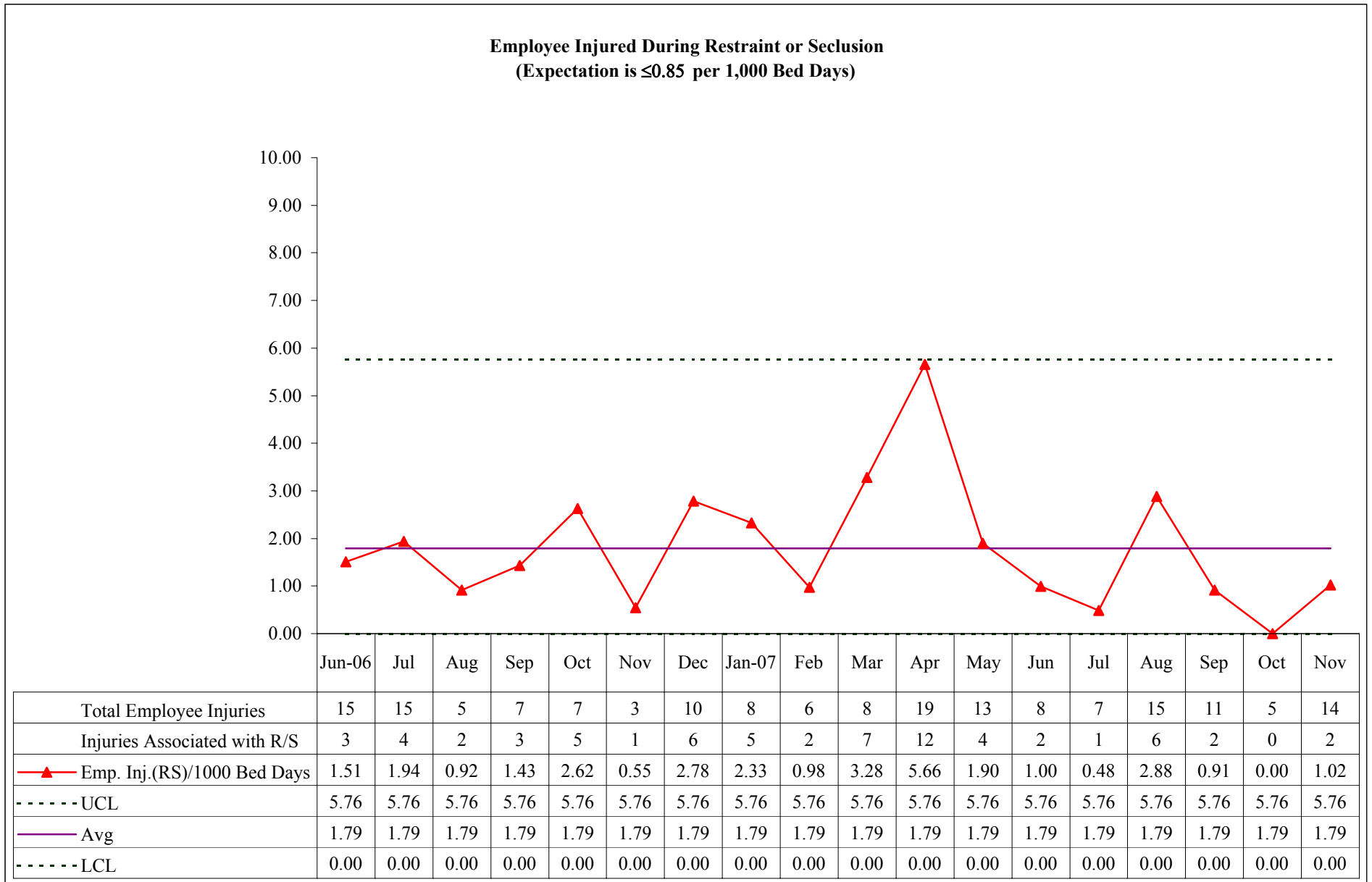
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



Objective 6E - Employees Injured During Restraint or Seclusion
Big Spring State Hospital

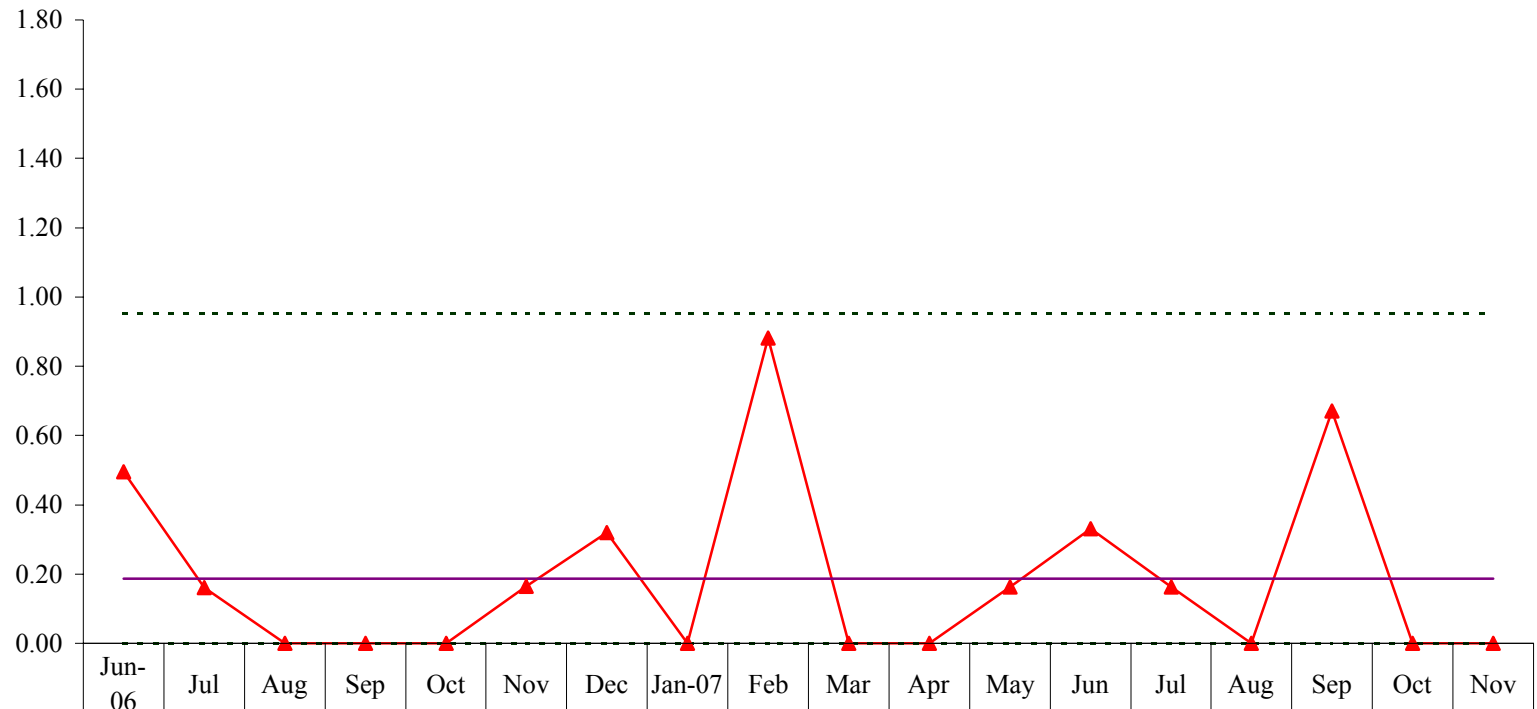


Objective 6E - Employees Injured During Restraint or Seclusion
El Paso Psychiatric Center



Objective 6E - Employees Injured During Restraint or Seclusion
Kerrville State Hospital

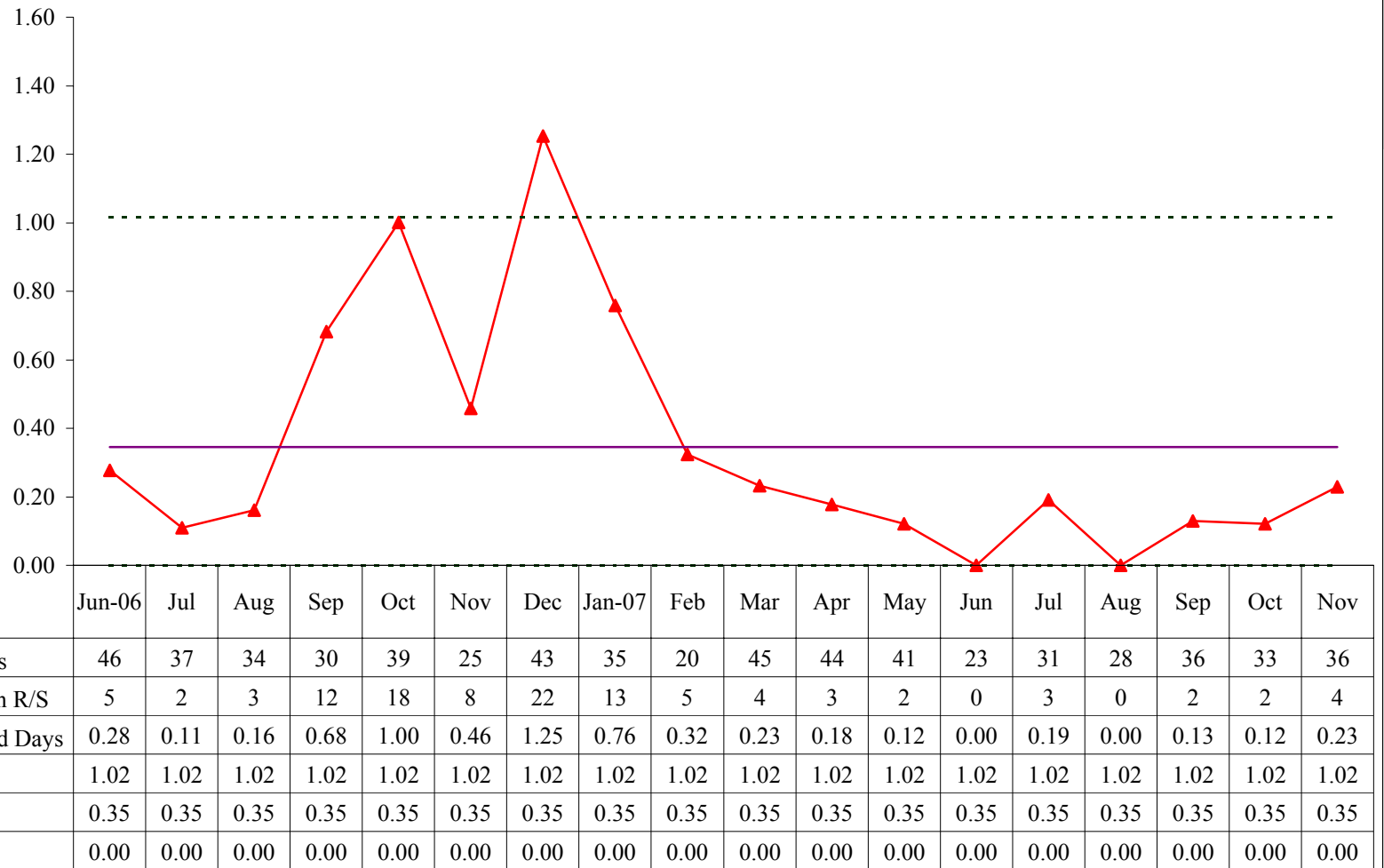
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	13	5	8	8	9	11	13	8	8	4	11	12	11	12	7	11	10	4
Injuries Associated with R/S	3	1	0	0	0	1	2	0	5	0	0	1	2	1	0	4	0	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.49	0.16	0.00	0.00	0.00	0.16	0.32	0.00	0.88	0.00	0.00	0.16	0.33	0.16	0.00	0.67	0.00	0.00
-----UCL	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
— Avg	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

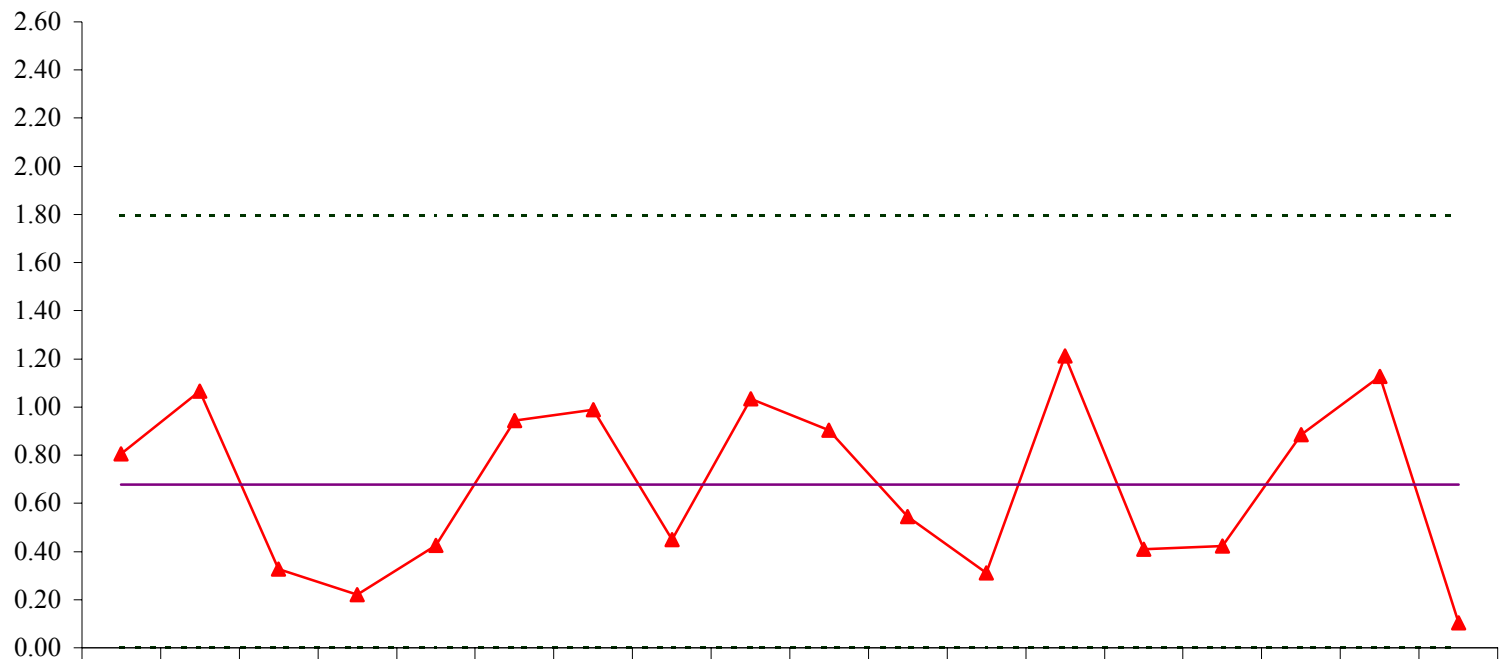
Objective 6E - Employees Injured During Restraint or Seclusion
North Texas State Hospital

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



Objective 6E - Employees Injured During Restraint or Seclusion
Rusk State Hospital

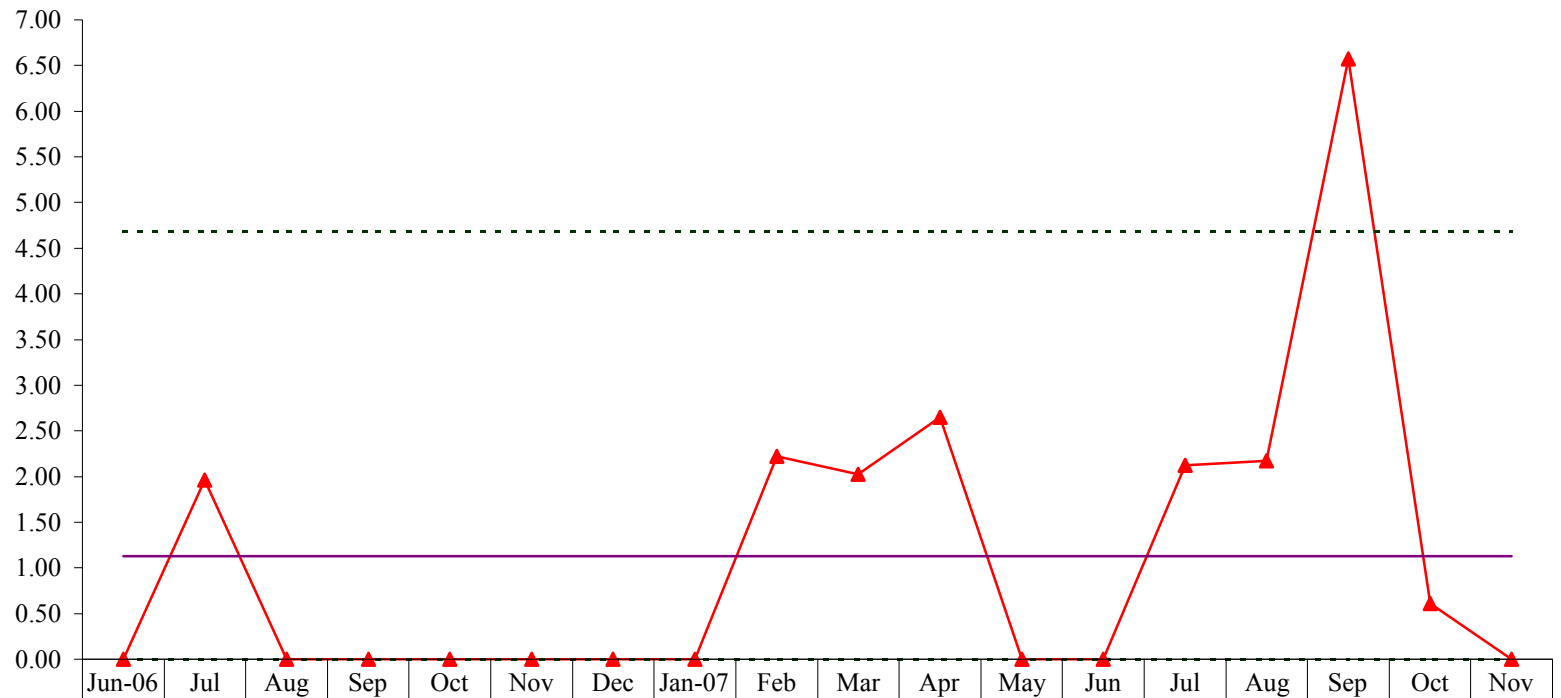
Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	28	32	20	9	23	27	33	27	33	32	33	24	46	27	24	31	41	30
Injuries Associated with R/S	7	10	3	2	4	8	9	4	8	8	5	3	11	4	4	8	11	1
▲ Emp. Inj.(RS)/1000 Bed Days	0.81	1.07	0.33	0.22	0.43	0.94	0.99	0.45	1.03	0.90	0.54	0.31	1.21	0.41	0.42	0.88	1.13	0.10
-----UCL	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
— Avg	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injured During Restraint or Seclusion
Rio Grande State Center

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



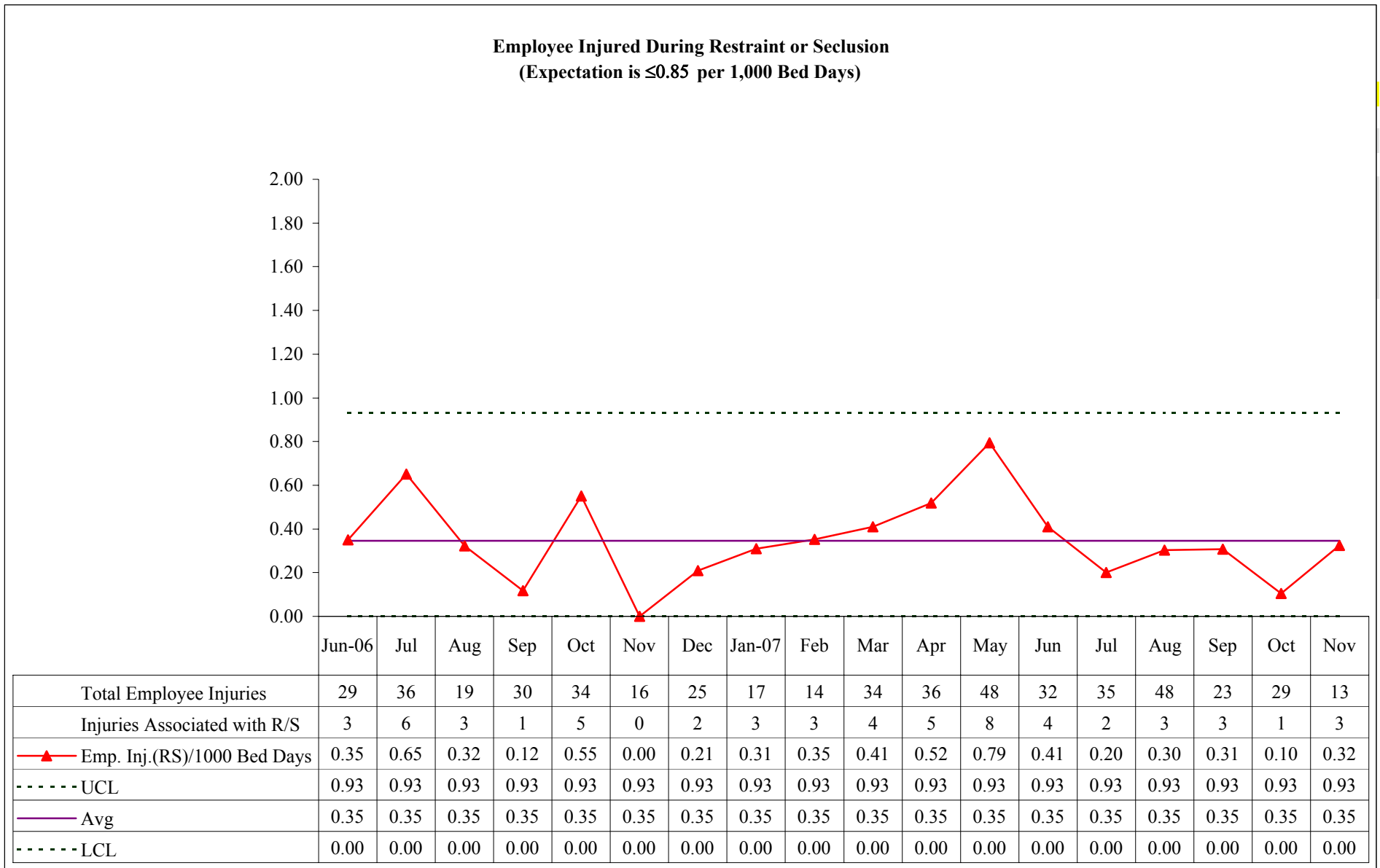
	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	11	15	9	9	4	6	10	15	10	8	7	13	2	13	8	17	7	7
Injuries Associated with R/S	0	3	0	0	0	0	0	0	3	3	4	0	0	3	3	10	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	0.00	1.96	0.00	0.00	0.00	0.00	0.00	0.00	2.22	2.03	2.65	0.00	0.00	2.12	2.17	6.57	0.61	0.00
----- UCL	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69	4.69
— Avg	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13	1.13
----- LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 6E - Employees Injured During Restraint or Seclusion
San Antonio State Hospital

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)

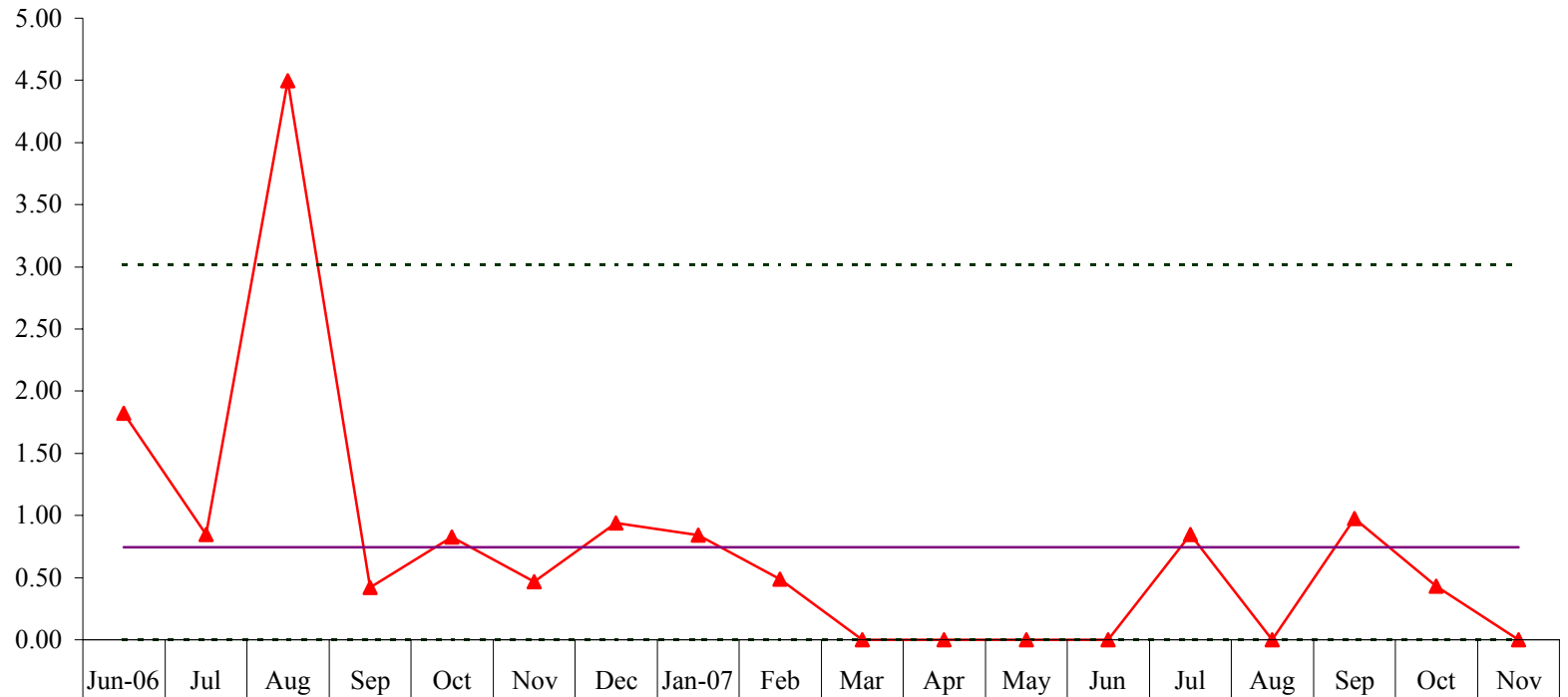


Objective 6E - Employees Injured During Restraint or Seclusion
Terrell State Hospital



Objective 6E - Employees Injured During Restraint or Seclusion
Waco Center for Youth

Employee Injured During Restraint or Seclusion
(Expectation is ≤ 0.85 per 1,000 Bed Days)



	Jun-06	Jul	Aug	Sep	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Total Employee Injuries	12	3	14	2	6	3	3	4	4	1	0	0	4	5	1	4	5	2
Injuries Associated with R/S	4	2	11	1	2	1	2	2	1	0	0	0	0	2	0	2	1	0
▲ Emp. Inj.(RS)/1000 Bed Days	1.82	0.85	4.50	0.42	0.83	0.47	0.94	0.84	0.49	0.00	0.00	0.00	0.00	0.85	0.00	0.98	0.43	0.00
-----UCL	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02
— Avg	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74	0.74
-----LCL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Performance Objective 6F:

The rate of Unauthorized Departures will not exceed 0.36 per 1,000 bed days across all state hospitals during FY2008.

Performance Objective Operational Definition: The state hospital rate of unauthorized departures assignments documented on the state hospital elopement report form per 1,000 bed days per month. An unauthorized departure means any person who is a patient at a state hospital who is off campus without authorization or is missing and cannot be located. A person who is voluntarily admitted to a state hospital and departs is not considered an unauthorized departure.

Performance Objective Formula: $R = (N/D) \times 1,000$

R = rate of elopement assignments per 1,000 bed days per month

N = number of elopement assignments per month (Each UD is counted only once, in the month it is begun, even if it extends into subsequent months. Number of persons means the number of persons for whom assignments were begun during the month)

D = number of bed days per month 1,000 = bed day rate multiplier

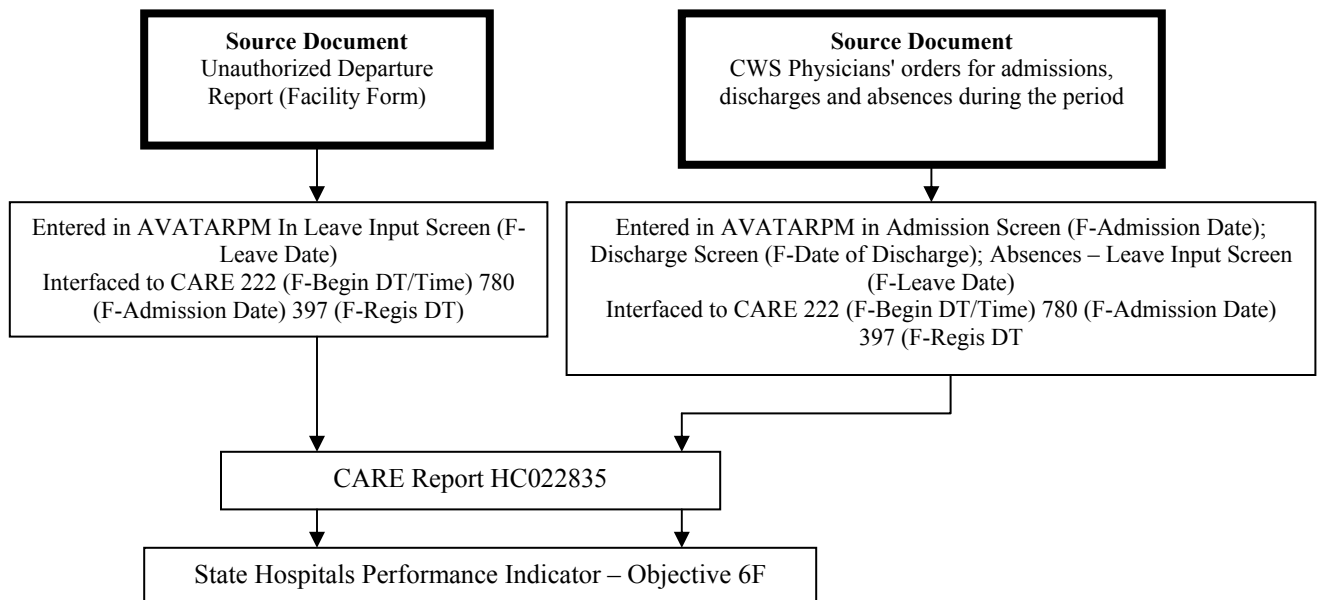
Performance Objective Data Display and Chart Description:

- ◆ Table shows UD incidents, UD persons and bed days in a month for individual state hospitals and system-wide.
- ◆ Control chart with monthly data points of UD's per 1,000 bed days for individual state hospitals and system-wide.

Data Flow:

Numerator (N)

Denominator (D)



Objective 6F - Rate for Elopements
All State Hospitals - Previous 12 Months

	Sep-07	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL STATE HOSPITALS												
Unauthorized Departures Incidents	21	16	17									
Unauthorized Departures Persons	20	16	16									
Bed Days in Month	68761	72037	69896									
Incidents/1000 Bed Days	0.31	0.22	0.24									

Performance Objective 6G:

Calculate and benchmark fall data within and across state hospitals as follows:

- 1. Rate of falls for all falls reported on client injury report.**
- 2. Rate of falls injuries for all falls injuries reported on client injury report.**

Performance Objective Operational Definition: The state hospital rate of patient falls reported on the Client Injury Assessment per FY quarter. Number of fall injuries for all falls reported on the client injury report.

Performance Objective Formula: $R = (N/D) \times 1000$

R = rate of fall injuries per 1000 bed days per FY quarter

N = number of fall injuries D = number of bed days per FY quarter

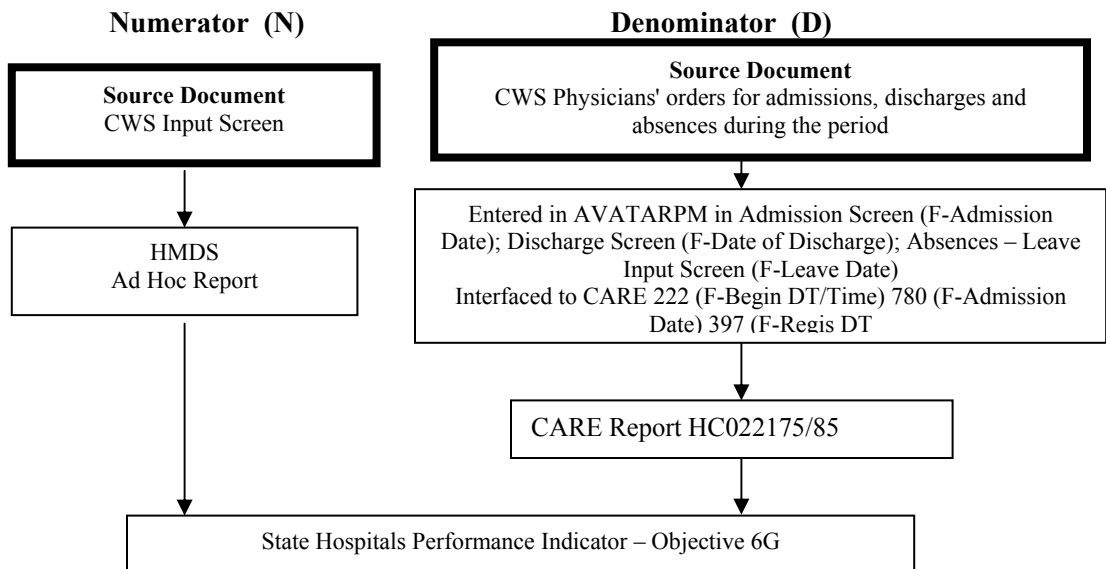
1000 = bed day rate multiplier

Performance Objective Data Display and Chart Description:

Chart shows number of fall injuries and rate (per 1000 bed days) for individual state hospitals and system-wide.

Chart shows percent of injuries to number of falls for individual state hospitals and system-wide.

Data Flow:



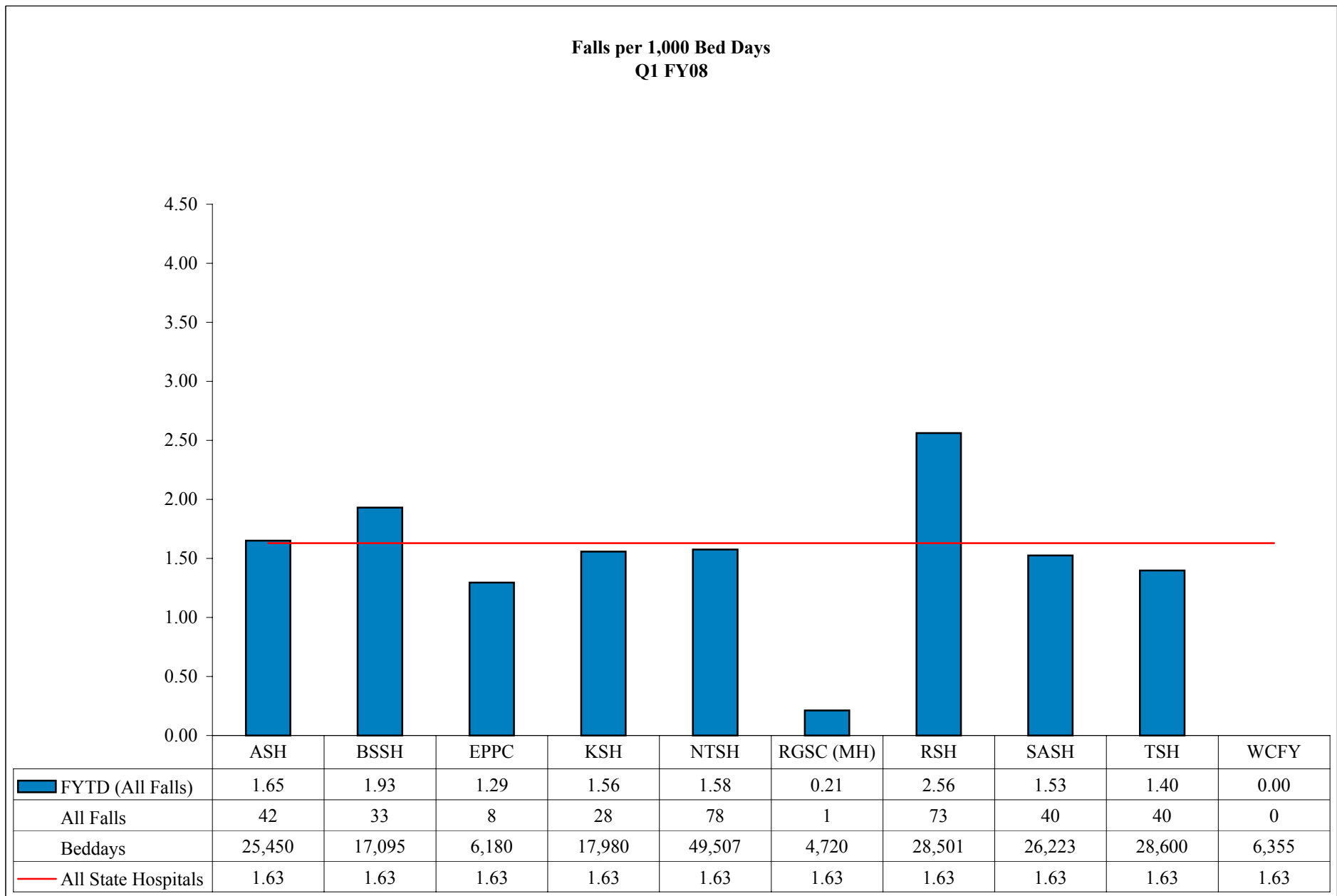
Objective 6G - Rate of Falls
All State Hospitals

	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
AUSTIN STATE HOSPITAL												
All Falls	14	9	19									
Bed Days in Month	8466	8867	8117									
Falls/1000 Bed Days	1.65	1.01	2.34									
BIG SPRING STATE HOSPITAL												
All Falls	13	13	7									
Bed Days in Month	5711	5773	5611									
Falls/1000 Bed Days	2.28	2.25	1.25									
EL PASO PSYCHIATRIC CENTER												
All Falls	5	2	1									
Bed Days in Month	2192	2023	1965									
Falls/1000 Bed Days	2.28	0.99	0.51									
KERRVILLE STATE HOSPITAL												
All Falls	15	9	4									
Bed Days in Month	5967	6145	5868									
Falls/1000 Bed Days	2.51	1.46	0.68									
NORTH TEXAS STATE HOSPITAL												
All Falls	28	32	18									
Bed Days in Month	15514	16569	17424									
Falls/1000 Bed Days	1.80	1.93	1.03									
RIO GRANDE STATE CENTER												
All Falls	0	0	1									
Bed Days in Month	1521	1636	1563									
Falls/1000 Bed Days	0.00	0.00	0.64									
RUSK STATE HOSPITAL												
All Falls	29	30	14									
Bed Days in Month	9044	9763	9694									
Falls/1000 Bed Days	3.21	3.07	1.44									
SAN ANTONIO STATE HOSPITAL												
All Falls	16	12	12									
Bed Days in Month	8564	9291	8368									
Falls/1000 Bed Days	1.87	1.29	1.43									
TERRELL STATE HOSPITAL												
All Falls	20	9	11									
Bed Days in Month	9736	9604	9260									
Falls/1000 Bed Days	2.05	0.94	1.19									

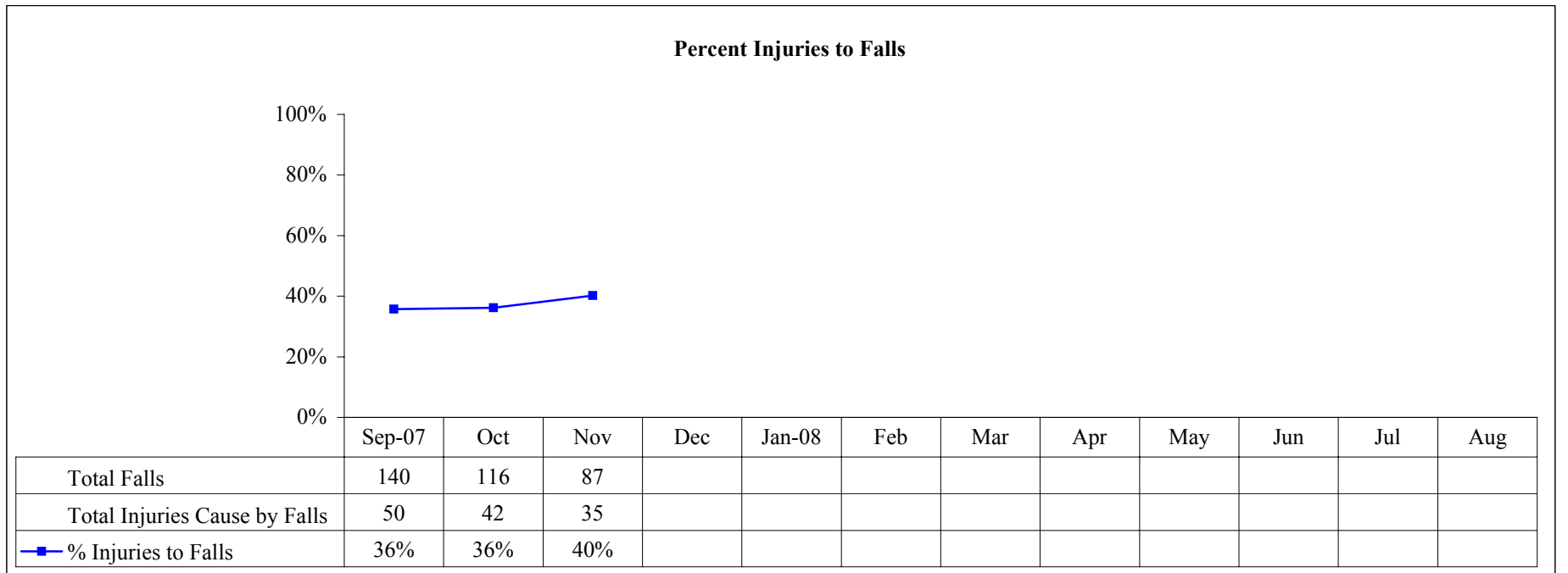
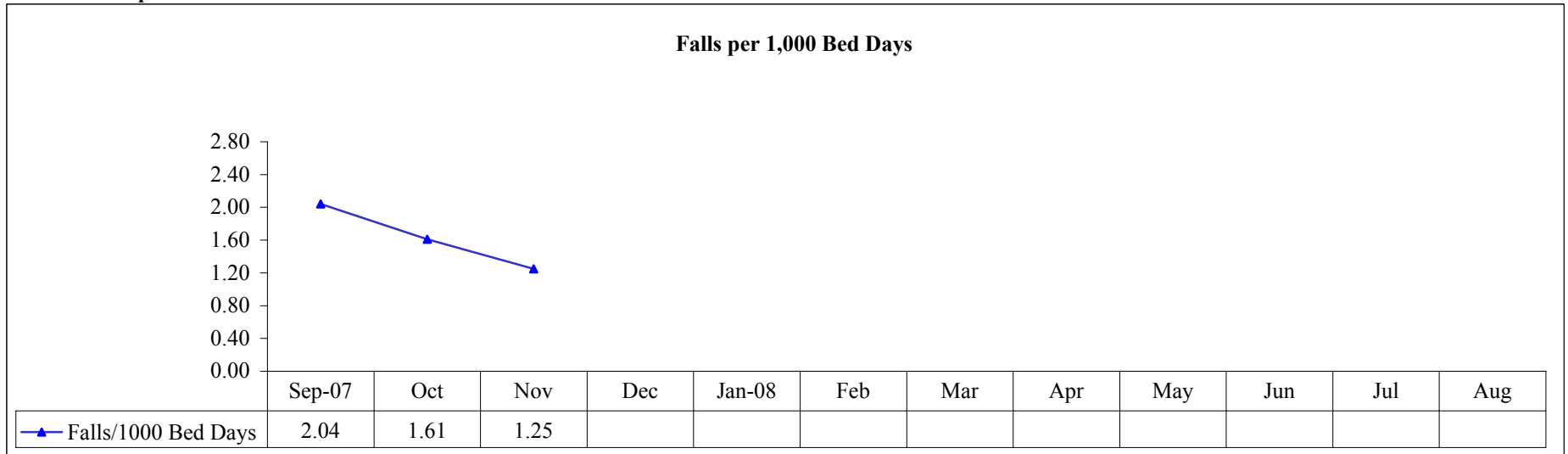
Objective 6G - Rate of Falls**All State Hospitals**

	Sep	Oct	Nov	Dec	Jan-08	Feb	Mar	Apr	May	Jun	Jul	Aug
WACO CENTER FOR YOUTH												
All Falls	0	0	0									
Bed Days in Month	2051	2309	1995									
Falls/1000 Bed Days	0.00	0.00	0.00									
ALL STATE HOSPITALS												
All Falls	140	116	87									
Bed Days in Month	68766	71980	69865									
Falls/1000 Bed Days	2.04	1.61	1.25									

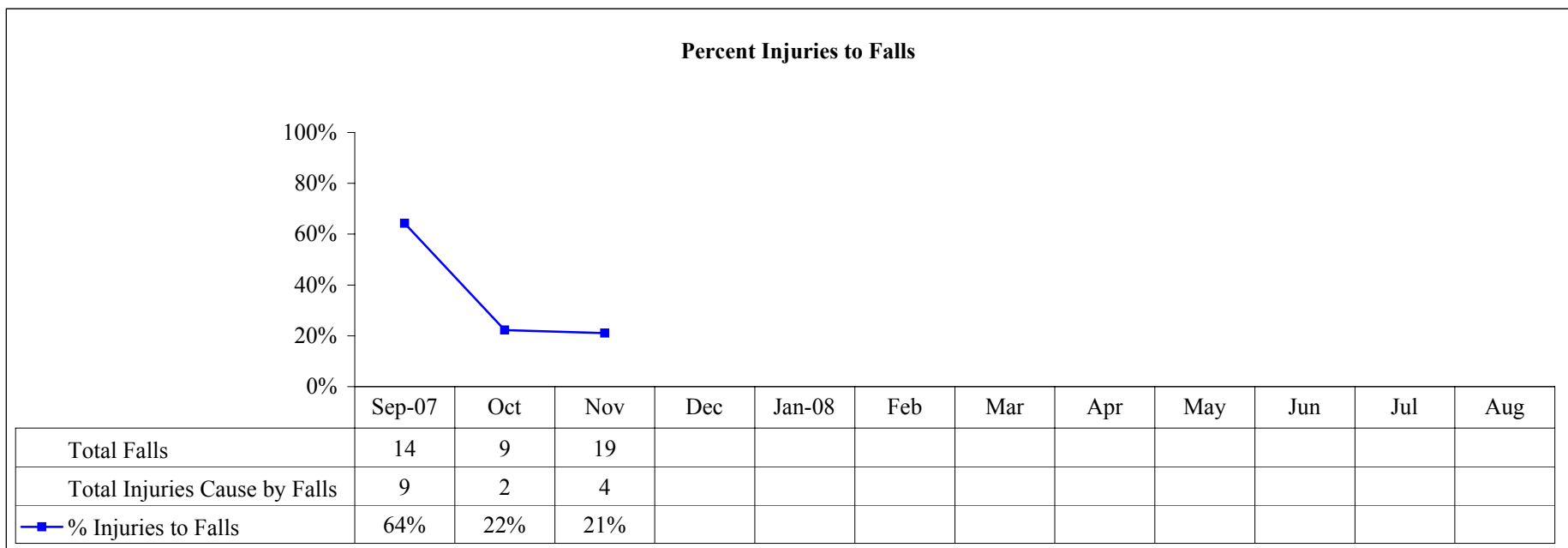
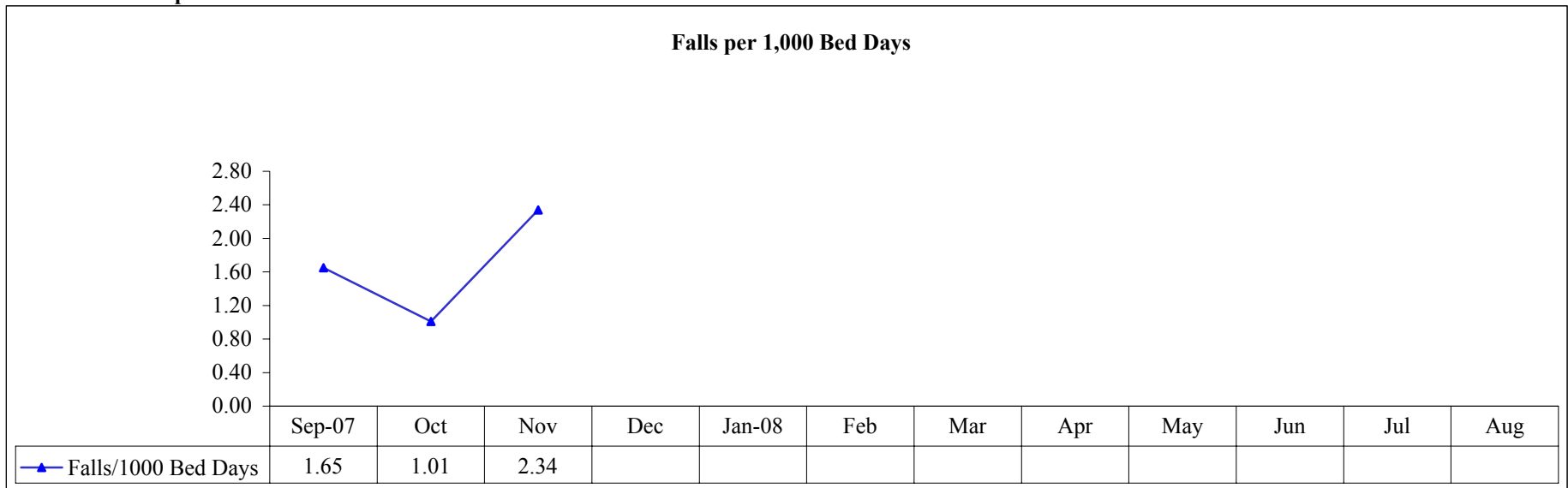
Objective 6G - Rate of Falls
All State Hospitals - As of November 30, 2007



Objective 6G - Rate of Falls
All State Hospitals

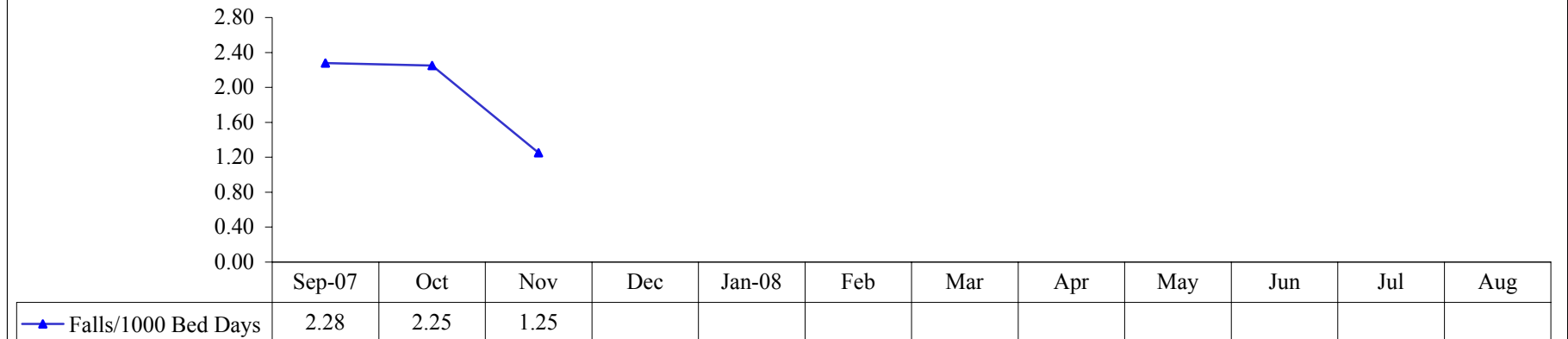


Objective 6G - Rate of Falls
Austin State Hospital

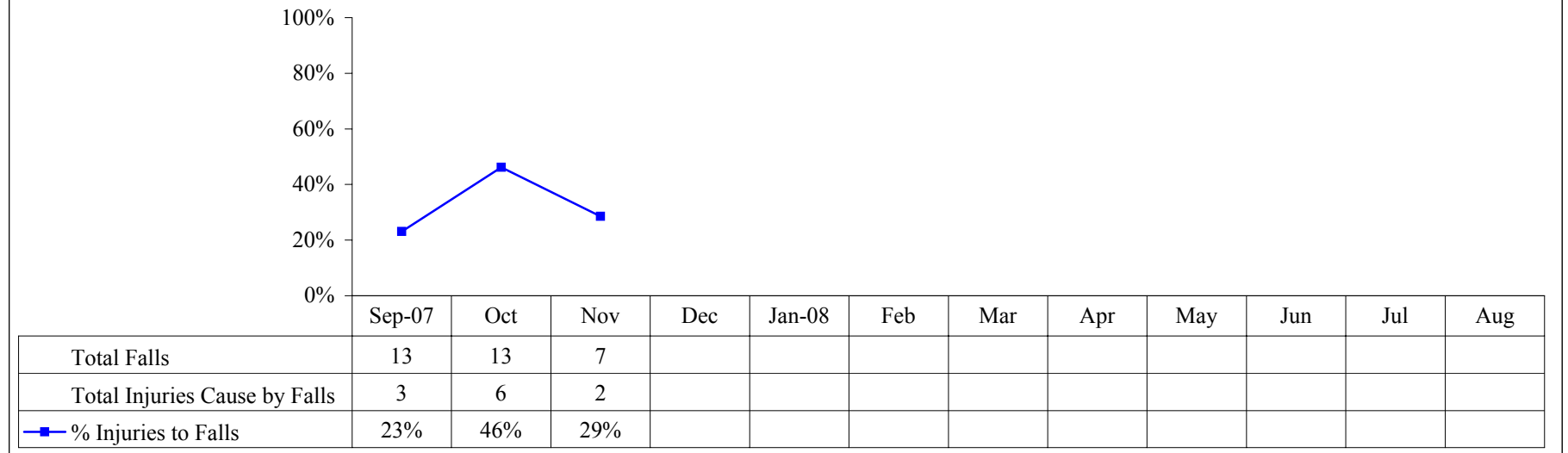


Objective 6G - Rate of Falls
Big Spring State Hospital

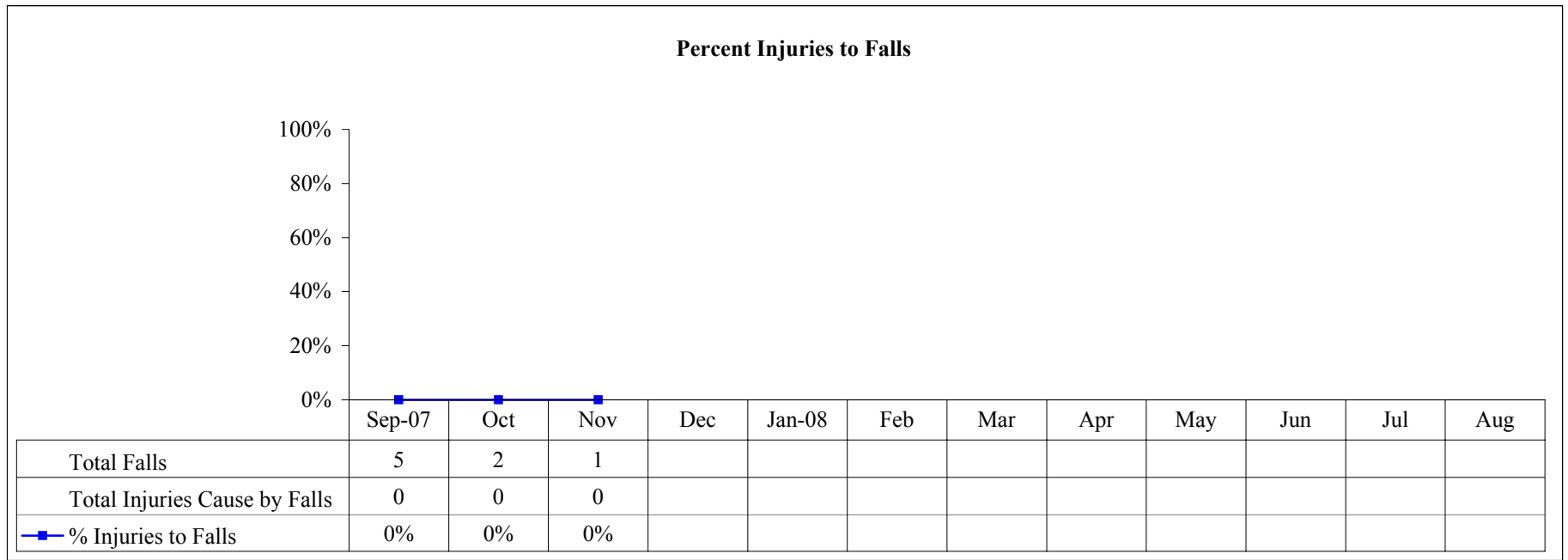
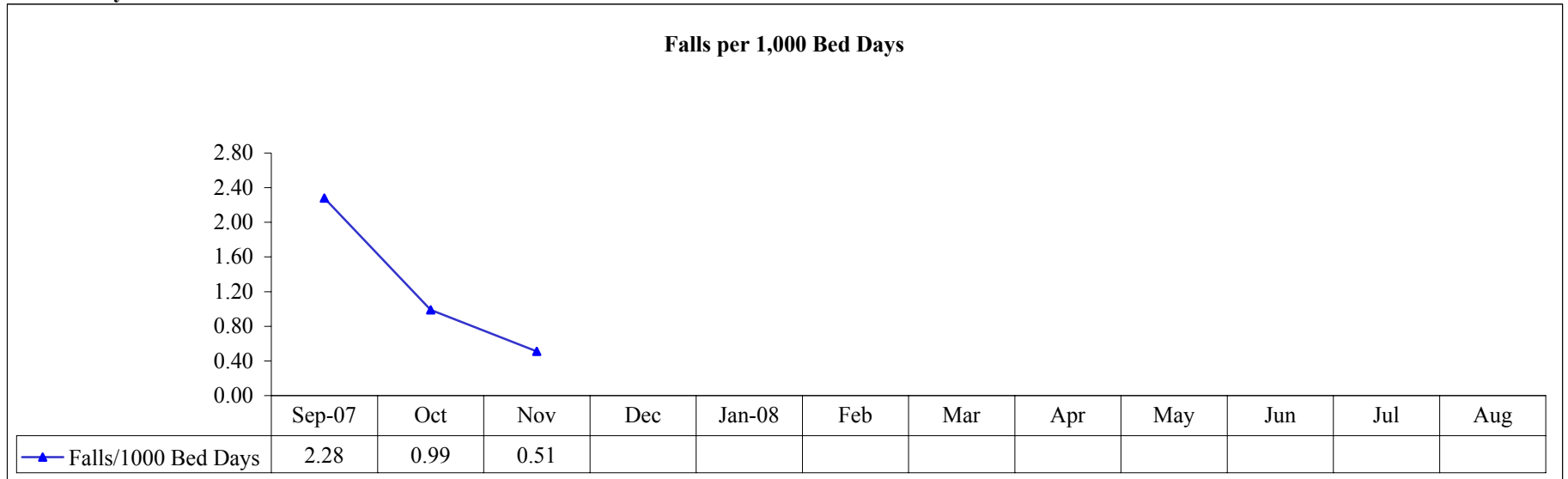
Falls per 1,000 Bed Days



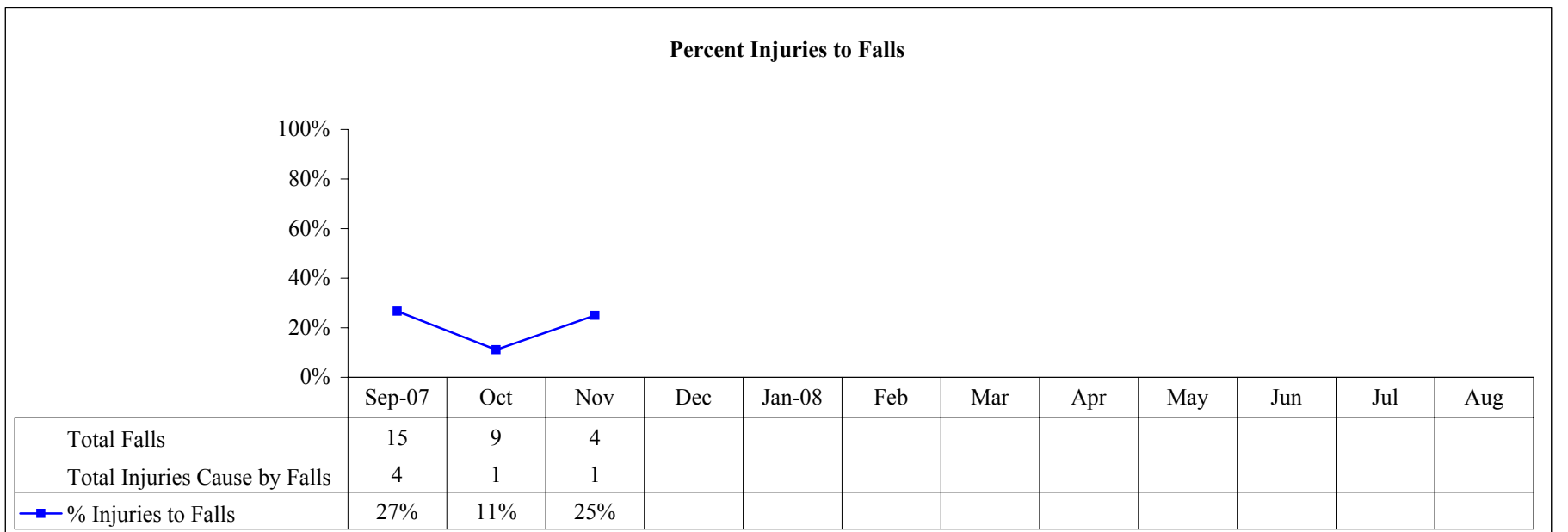
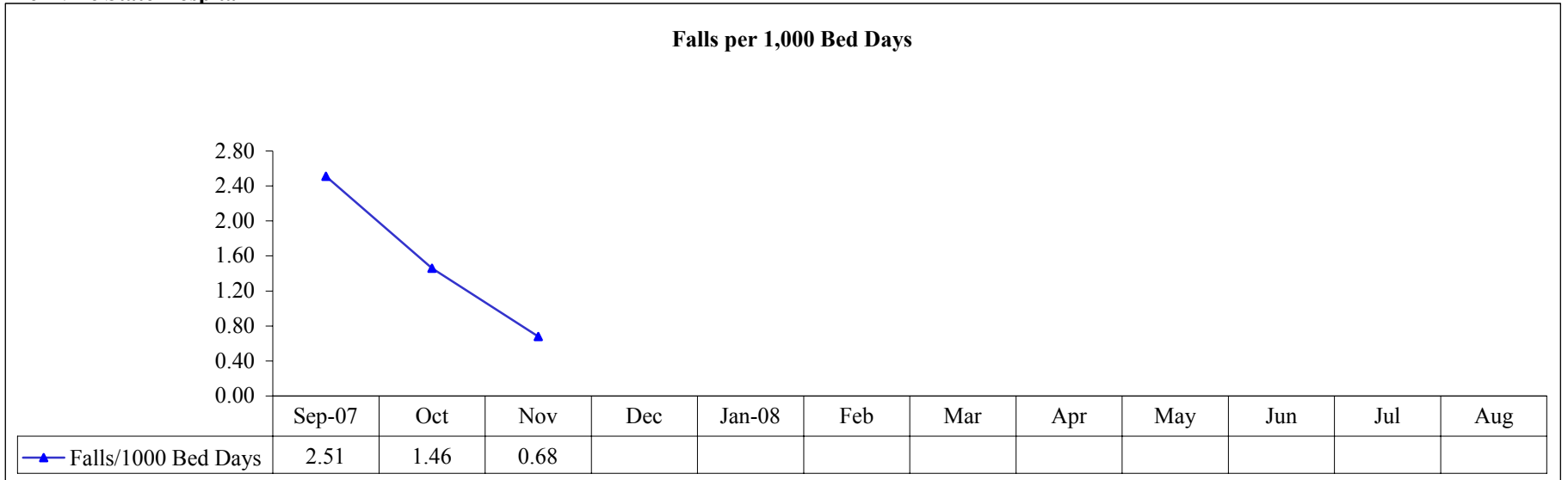
Percent Injuries to Falls



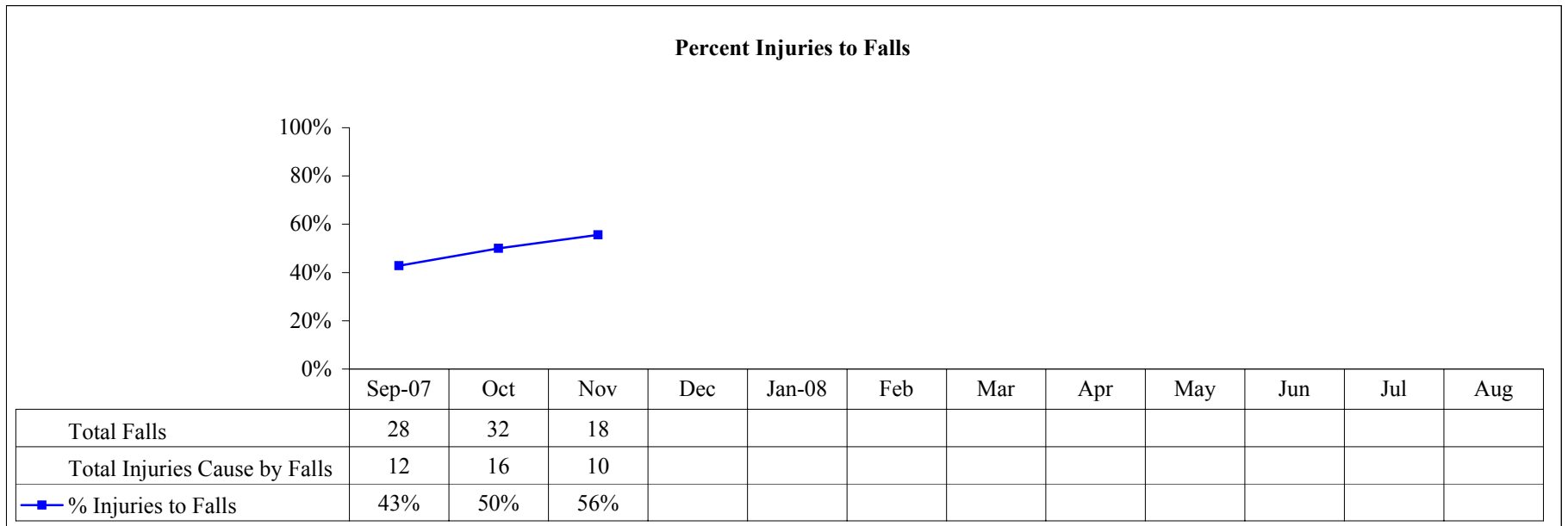
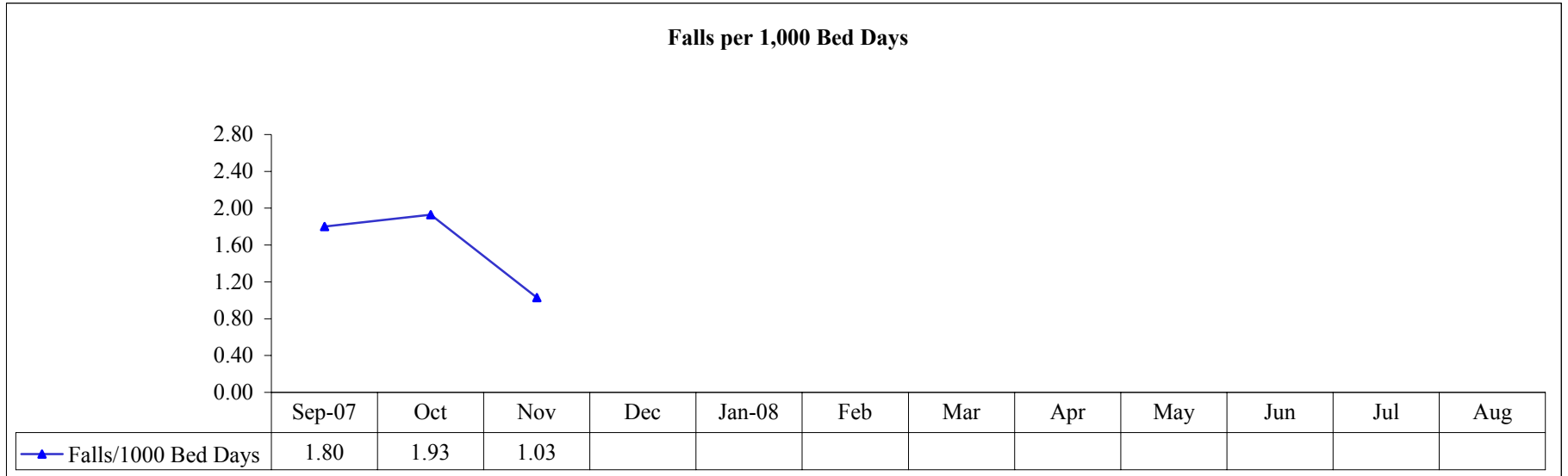
Objective 6G - Rate of Falls
El Paso Psychiatric Center



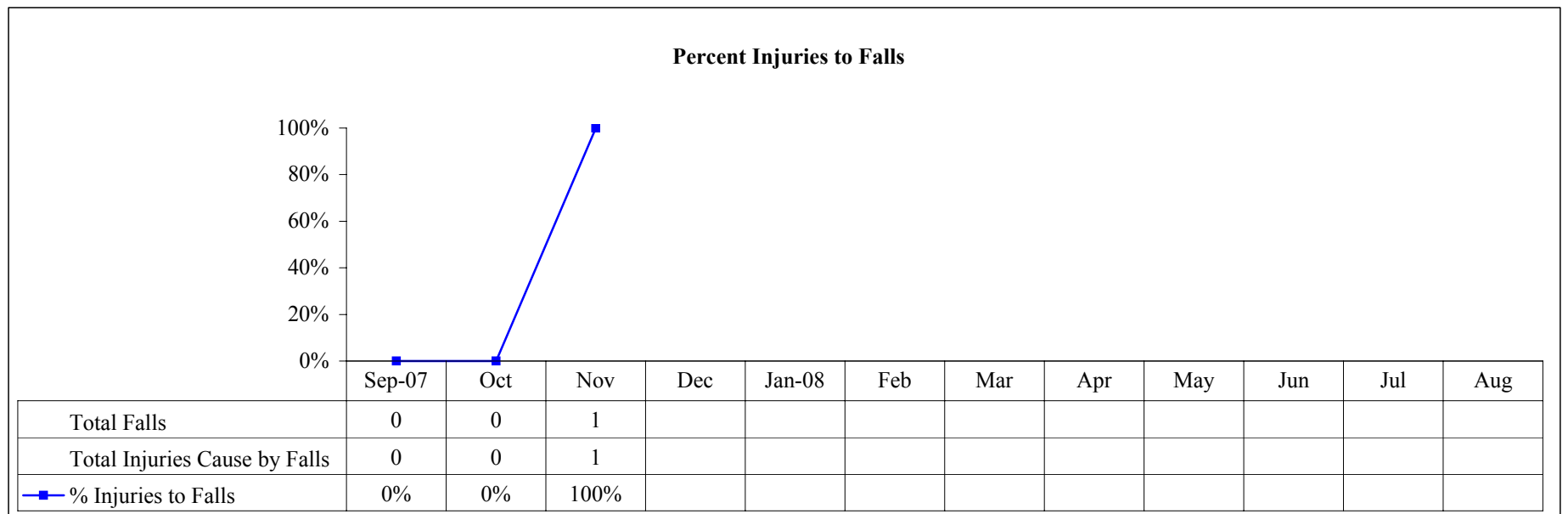
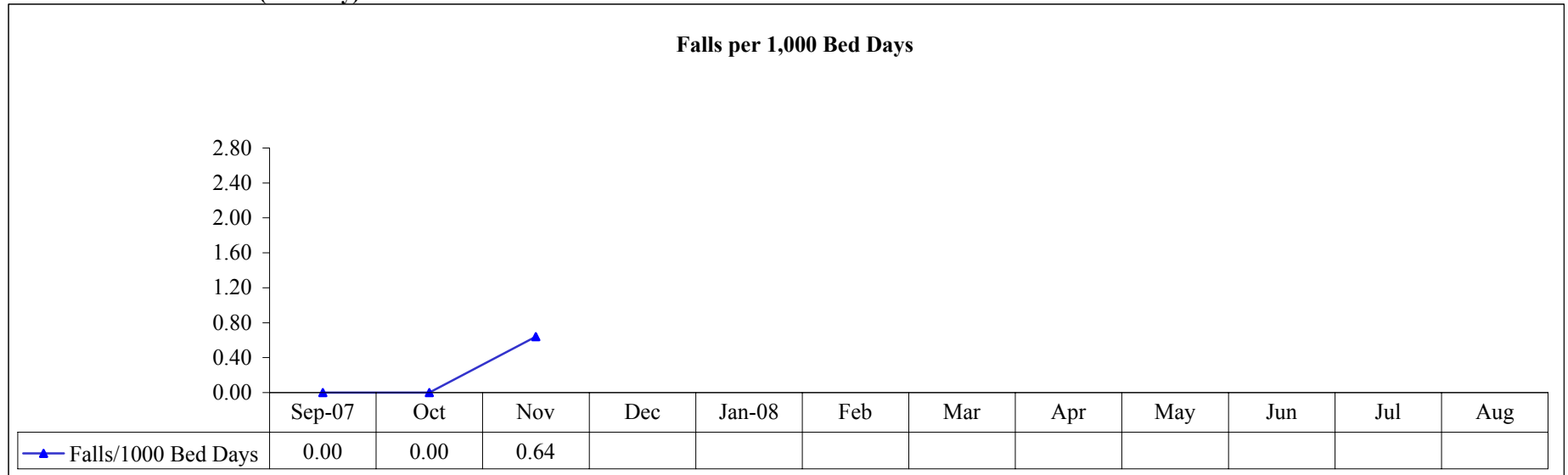
Objective 6G - Rate of Falls
Kerrville State Hospital



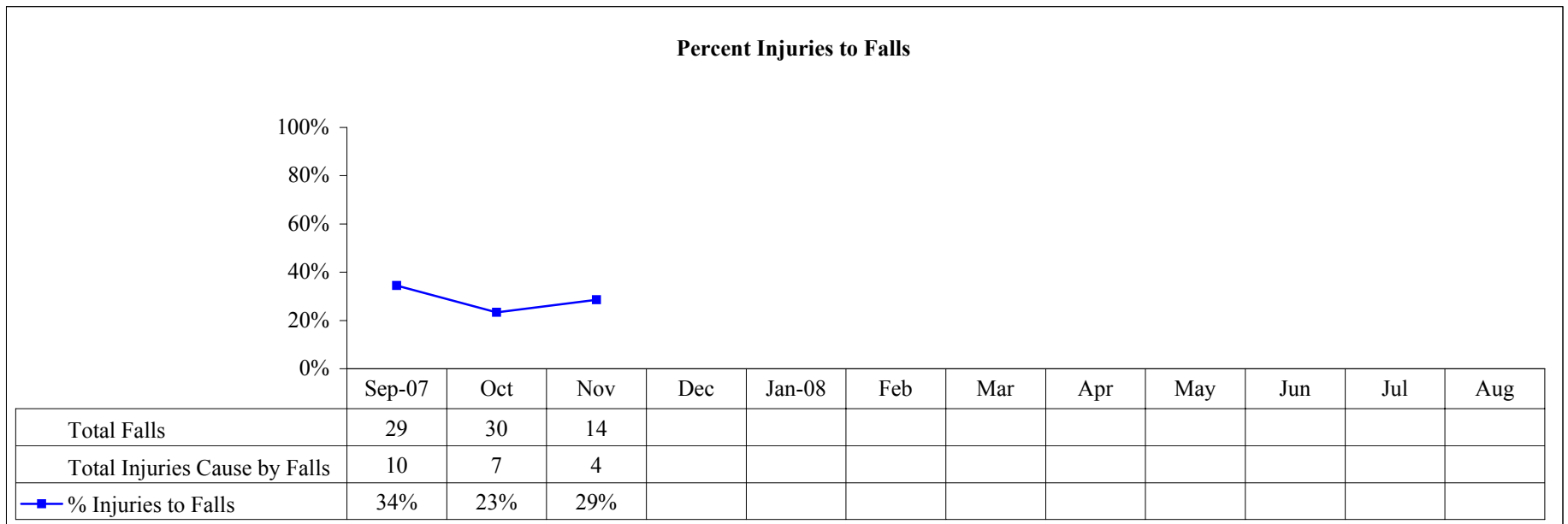
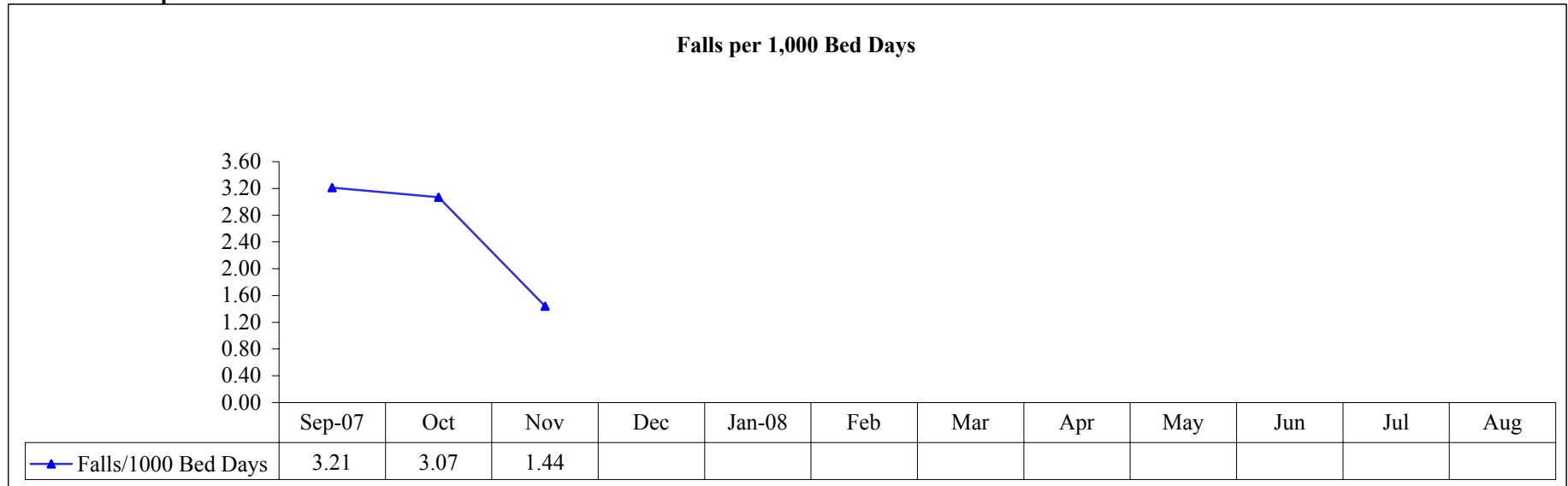
Objective 6G - Rate of Falls
North Texas State Hospital



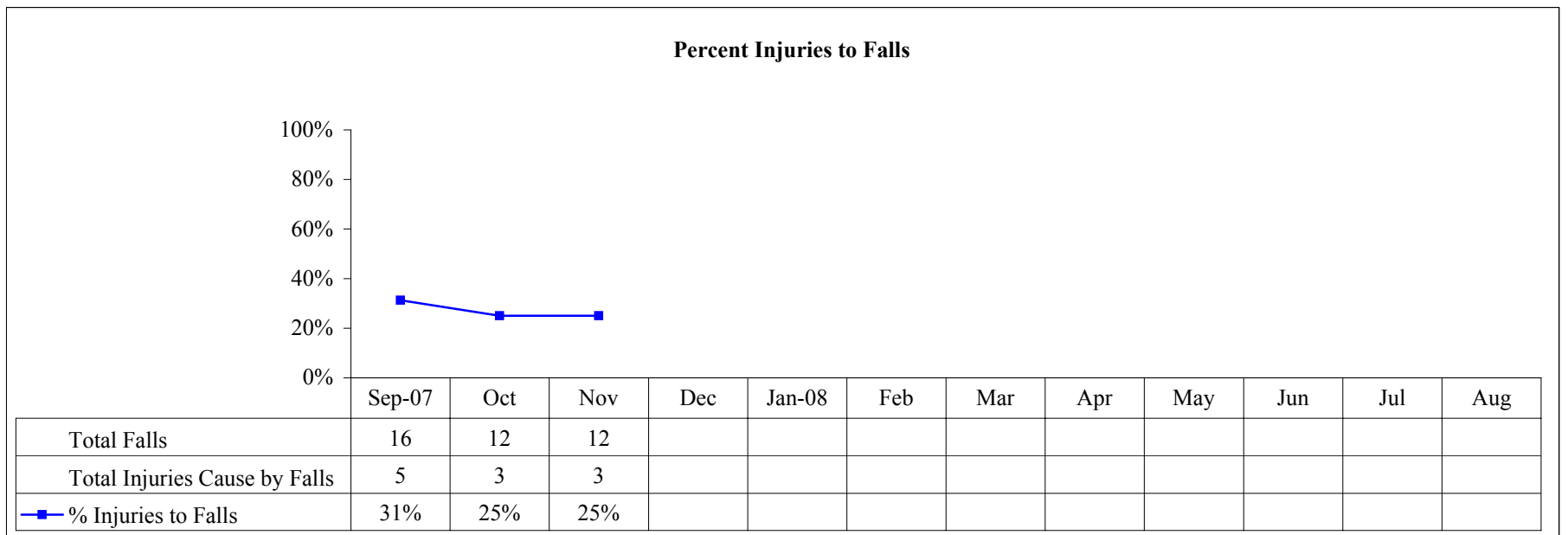
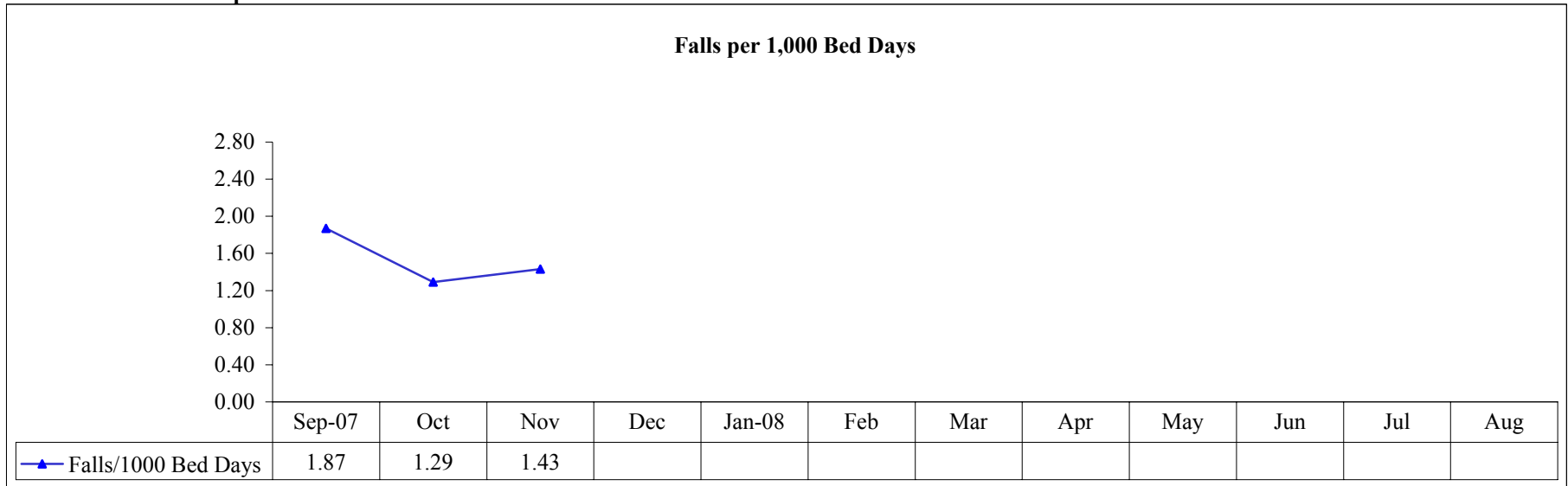
Objective 6G - Rate of Falls
Rio Grande State Center (MH only)



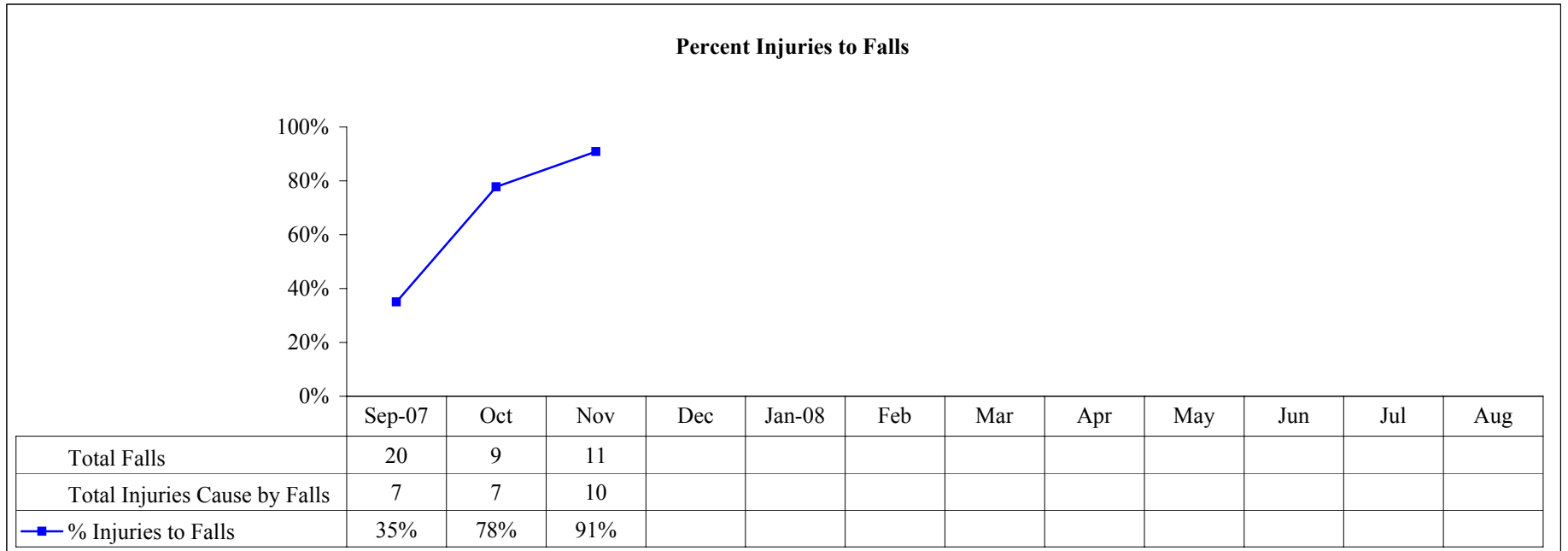
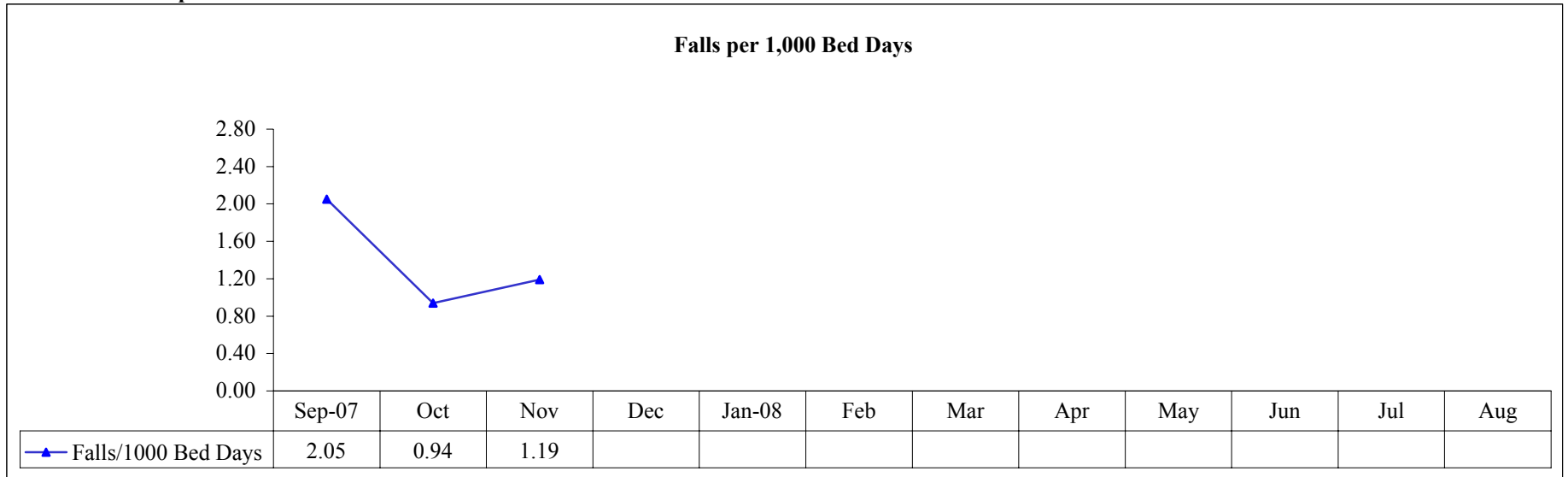
Objective 6G - Rate of Falls
Rusk State Hospital



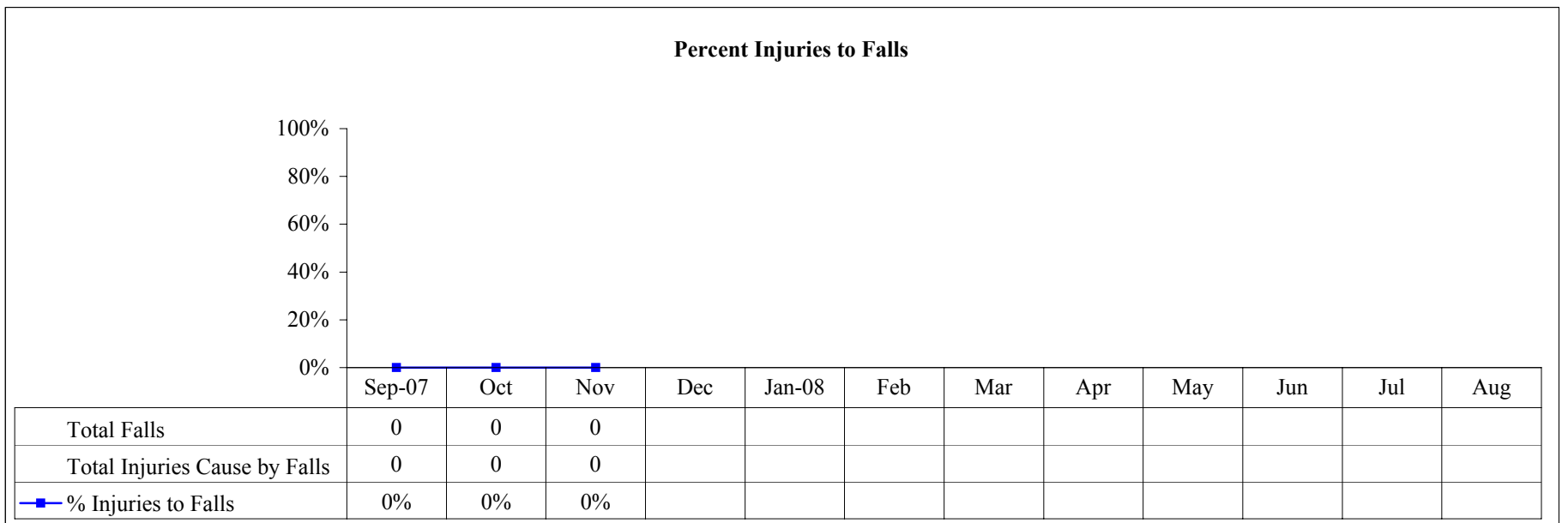
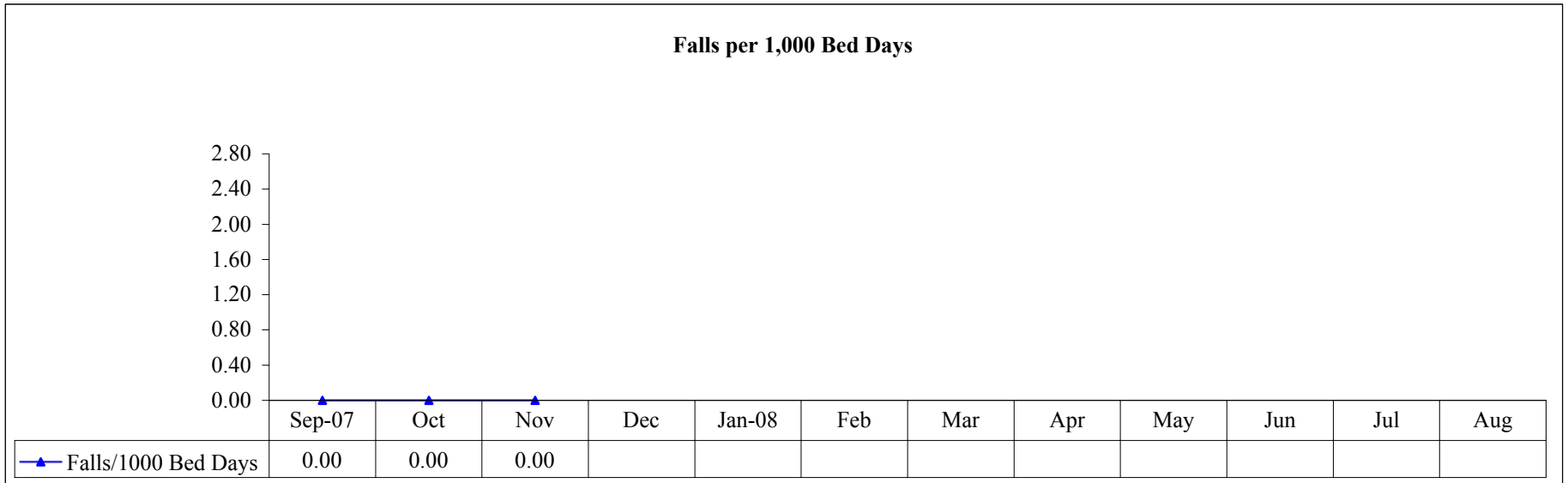
Objective 6G - Rate of Falls
San Antonio State Hospital



Objective 6G - Rate of Falls
Terrell State Hospital



Objective 6G - Rate of Falls
Waco Center for Youth



Performance Measure 6A:

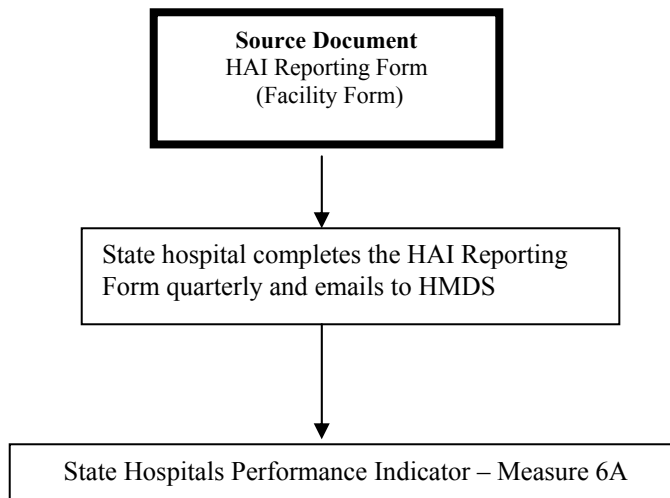
Hospital infection control professionals (ICPS) will collect and compare data on healthcare associated infections according to Centers for Disease Control categories.

Performance Measure Operational Definition: The state hospital rate of healthcare associated infection rates will be collected quarterly.

Performance Measure Data Display and Chart Description:

- ◆ Table shows quarterly numbers of nosocomial infection type by ages 0-17, 18-64 and 64+ by the individual state hospitals and system-wide.

Data Flow:



Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 0 - 17

Nosocomial Infection Type	ASH	EPPC	NTSH	SASH	TSH	WCFY	System Total
Urinary Tract Infection	0	0	3	1	1	0	5
Surgical Site Infection	0	0	0	0	0	0	0
Pneumonia	0	0	0	1	0	0	1
Blood Stream Infection	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	1	5	6	0	3	15
Gastrointestinal System Infection	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	0	0	0
Reproductive Tract Infection	0	0	1	0	0	5	6
Skin and Soft Tissue Infection	0	1	0	3	3	5	12
Systemic Infection	0	0	0	0	0	0	0
Total	0	2	9	11	4	13	39
Rate Per 1,000 Beddays	0.0	4.6	1.1	4.0	1.6	2.0	1.7

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 18 - 64

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	1	10	2	2	12	1	11	9	21	69
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	2	0	2	0	1	2	6	2	0	15
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	6	28	4	5	10	0	49	7	24	133
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	2	2
Lower Respiratory Infection, other than Pneumonia	0	7	1	0	8	0	0	4	1	21
Reproductive Tract Infection	0	6	0	0	0	0	0	3	0	9
Skin and Soft Tissue Infection	5	11	5	4	5	0	19	32	10	91
Systemic Infection	0	0	0	0	0	0	1	0	0	1
Total	14	62	14	11	36	3	86	57	58	341
Rate Per 1,000 Beddays	0.7	3.9	2.7	0.7	0.9	0.7	3.2	2.8	2.3	2.0

Measure 6A - Healthcare Associated Infection Rate
All State Hospitals - Q1

Age 64+

Nosocomial Infection Type	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	System Total
Urinary Tract Infection	0	2	0	1	4	0	0	4	4	15
Surgical Site Infection	0	0	0	0	0	0	0	0	0	0
Pneumonia	0	0	0	0	0	0	0	1	0	1
Blood Stream Infection	0	0	0	0	0	0	0	0	0	0
Bone and Joint Infections	0	0	0	0	0	0	0	0	0	0
Central Nervous System Infection	0	0	0	0	0	0	0	0	0	0
Cardiovascular System Infection	0	0	0	0	0	0	0	0	0	0
Ear, Eyes, Nose, Throat Infection	0	2	1	1	0	0	0	1	0	5
Gastrointestinal System Infection	0	0	0	0	0	0	0	0	0	0
Lower Respiratory Infection, other than Pneumonia	0	0	0	0	2	0	0	0	2	4
Reproductive Tract Infection	0	0	0	0	0	0	0	0	0	0
Skin and Soft Tissue Infection	0	0	0	1	1	0	1	8	1	12
Systemic Infection	0	0	0	0	0	0	0	0	0	0
Total	0	4	1	3	7	0	1	14	7	37
Rate Per 1,000 Beddays	0.0	3.5	1.6	1.6	3.5	0.0	0.8	4.4	4.2	2.7

Performance Measure 6B:

Rate of patient injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: Ages 0-17; 18-64; and 65-older.

Performance Measure Operational Definition: The state hospital rate of patient injuries documented on the Client Injury Assessment per FY quarter. Number of injuries incurred by age group category per FY quarter (age will be calculated at the beginning of the reporting period).

Performance Measure Formula: $R = (N/D) \times 1000$

R = rate of injuries per 1000 bed days per FY quarter

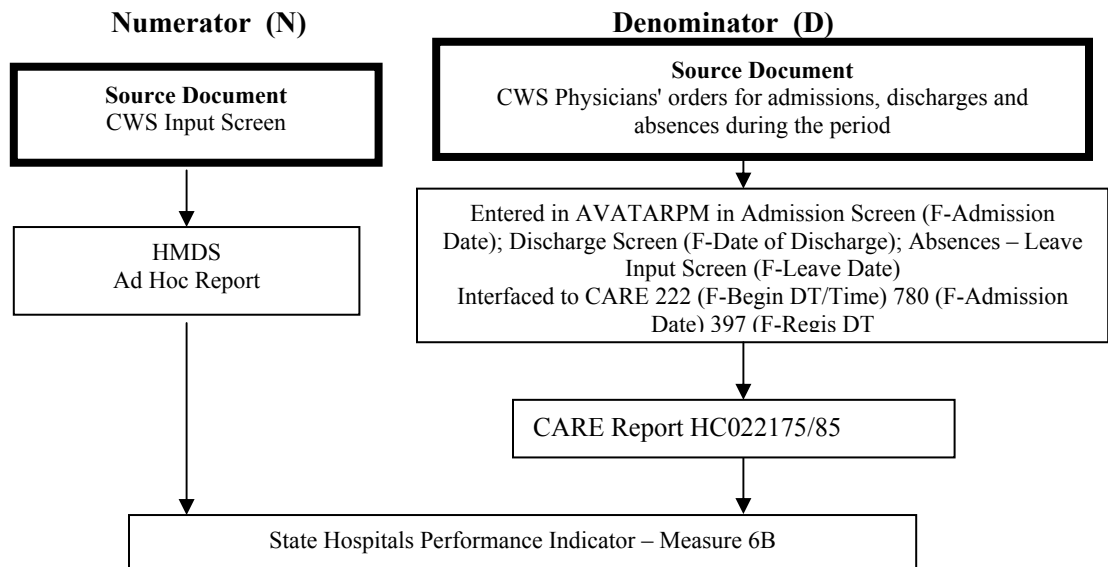
N = number of injuries D = number of bed days per FY quarter

1,000 = bed day rate multiplier

Performance Measure Data Display and Chart Description:

- ◆ Table shows number of injuries by probable cause and rate (per 1,000 bed days) of injuries by treatment for individual state hospitals and system-wide.
- ◆ Bar chart with fiscal year to date of total NRI Categories 3,4 and 5 injuries per 1,000 bed days for individual state hospitals and system-wide. (Category 3 – Medical Treatment; Category 4 – Hospitalization; and Category 5 – Fatal)
- ◆ Table showing number of injuries by age category per quarter.

Data Flow:



Measure 6B - Patient Injuries

All State Hospitals - FY08

	Q1							Q2							Q3							Q4						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*	N/A	No Tx	First Aid	Med Tx	ospital-ization	Fatal	*
Hospital	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total	N/A	Tx	Aid	Tx	ization	Fatal	Total
ALL SH																												
Accident	25	341	313	24	4	0	707																					
Another Client	17	417	216	26	1	0	677																					
Alleged Abuse/N	0	0	0	0	0	0	0																					
Employee/Accident	0	15	19	0	0	0	34																					
Medical Condition	3	26	11	2	0	0	42																					
Self Inflicted	11	138	201	21	2	0	373																					
Undetermined	21	190	73	10	2	0	296																					
Visitor	0	0	0	0	0	0	0																					
Total	77	1127	833	83	9	0	2129																					
Rate/1000 Bed Days	0.37	5.35	3.96	0.39	0.04	0.00	0.44																					

N/A = Not Available

*Total Rate/1000 Bed Days for NRI Category 3, 4,5 (Med Tx, Hospitalization & Fatal)

Measure 6B - Patient Injuries

All State Hospitals

Hospitals	Q1 FY08							Q2							Q3							FYTD						
	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total	N/A	No Tx	First Aid	Med Tx	Hospital-ization	Fatal	Total
ALL SH																												
Age 0-17	10	145	171	5	1	0	332																					
Age 18-64	58	923	638	75	7	0	1701																					
Age 65-older	9	59	24	3	1	0	96																					
Total	77	1127	833	83	9	0	2129																					

N/A = Not Available

Performance Measure 6C:

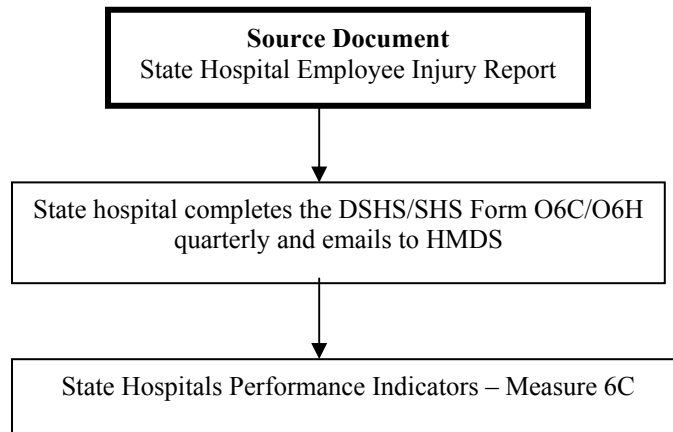
Rate of employee injuries will be calculated, trended and reviewed for quality improvement opportunities. Injuries will be reported by age categories as follows: Ages: 18 – 39; 40 – 64 and 65 – older.

Performance Measure Operational Definition: The state hospital number of employee injuries. Number of injuries incurred by age group category per FY quarter.

Performance Measure Formula: Employee injuries per 1,000 bed days.

Performance Measure Data Display and Chart Description: Table shows quarterly employee injuries and rate per 1,000 bed days by the individual state hospitals and system-wide.

Data Flow:



Measure 6C - Employee Injuries
All State Hospitals - Q1 FY08

	ASH	BSSH	EPPC	KSH	NTSH	RGSC	RSH	SASH	TSH	WCFY	System Total
Age 18-39	8	30	18	6	43	19	65	30			219
Per 1,000 Bed Days	0.31	1.75	2.91	0.33	0.87	4.03	2.28	1.14	0.00	0.00	1.04
Age 40-64	8	18	10	19	62	10	36	38			201
Per 1,000 Bed Days	0.31	1.05	1.62	1.06	1.25	2.12	1.26	1.45	0.00	0.00	0.95
Age 65 - Older	0	0	2	0	0	1	1	1			5
Per 1,000 Bed Days	0.00	0.00	0.32	0.00	0.00	0.21	0.04	0.04	0.00	0.00	0.02
Unknown	1	0	0	0	0	1	0	12			14
Per 1,000 Bed Days	0.04	0.00	0.00	0.00	0.00	0.21	0.00	0.46	0.00	0.00	0.07
Total	17	48	30	25	105	31	102	81	65	11	515
Per 1,000 Bed Days	0.67	2.81	4.85	1.39	2.12	6.57	3.58	3.09	2.27	1.73	2.45

TSH & WCFY unable to report the age categories

Performance Measure 8A:

“Staff Turnover” rates for critical shortage staff will be maintained and reported.

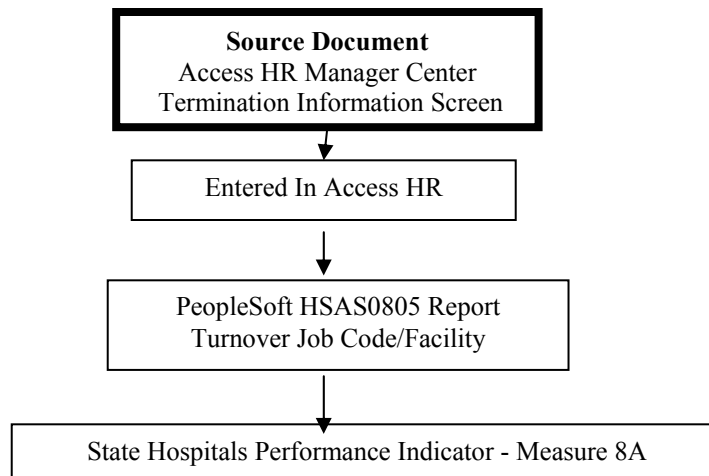
Performance Measure Operational Definition: The state hospital turnover rate for critical shortage staff will be available. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula: The formula for calculating turnover is [(number of losses/average strength for reporting period) x 100].

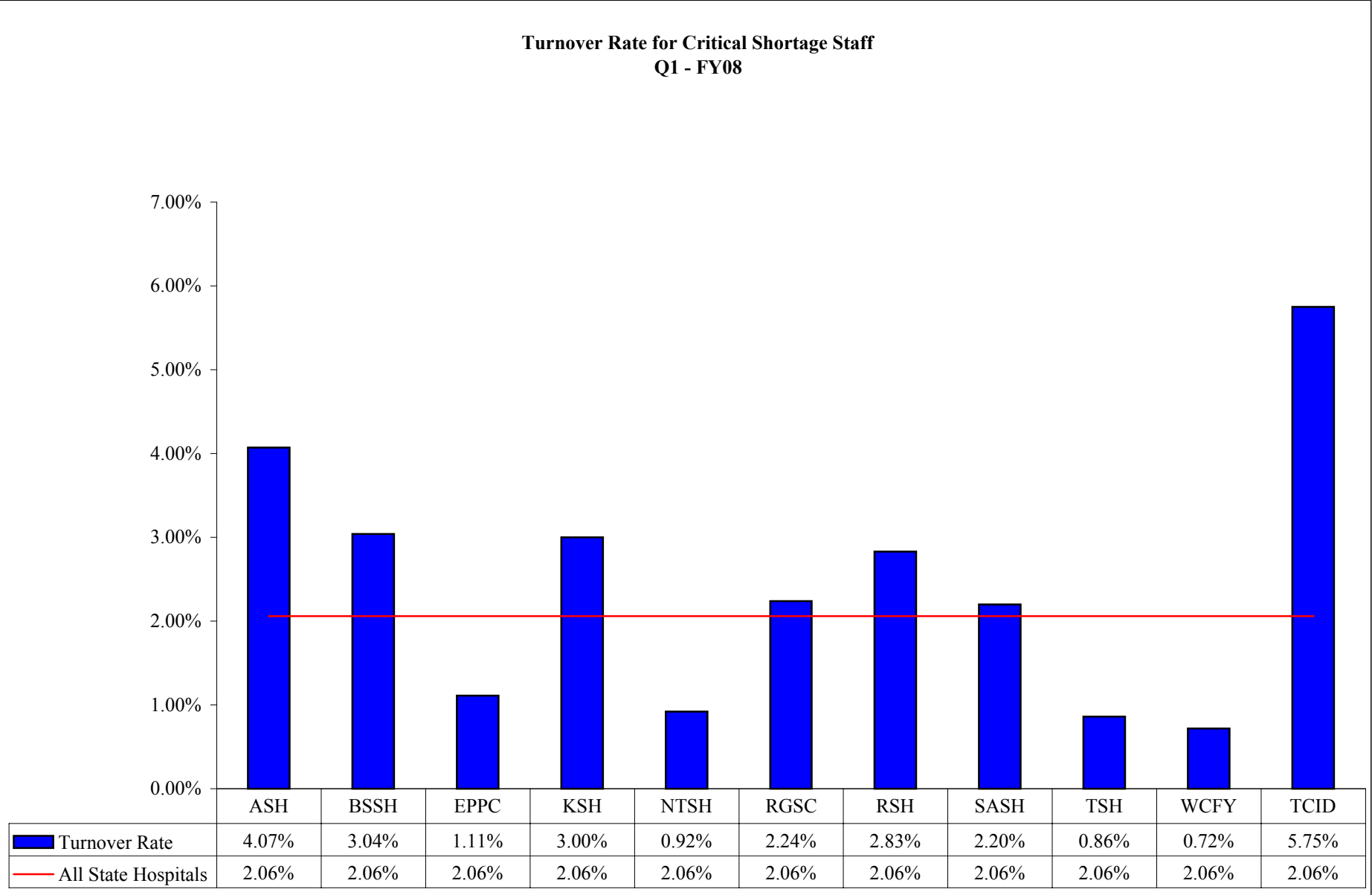
Performance Measure Data Display and Chart Description:

Chart with monthly data points of turnover rate for individual state hospitals and system-wide.

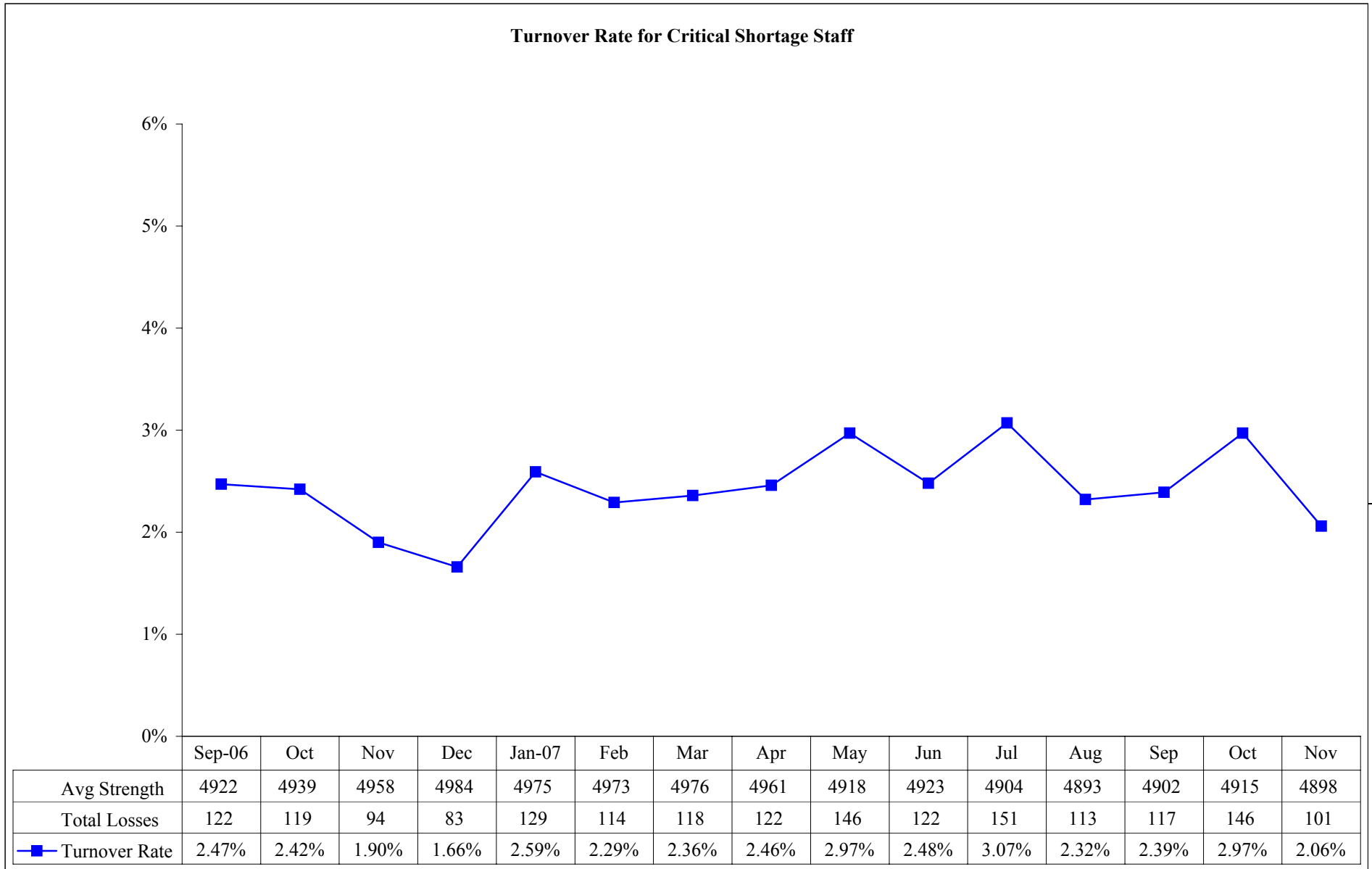
Data Flow:



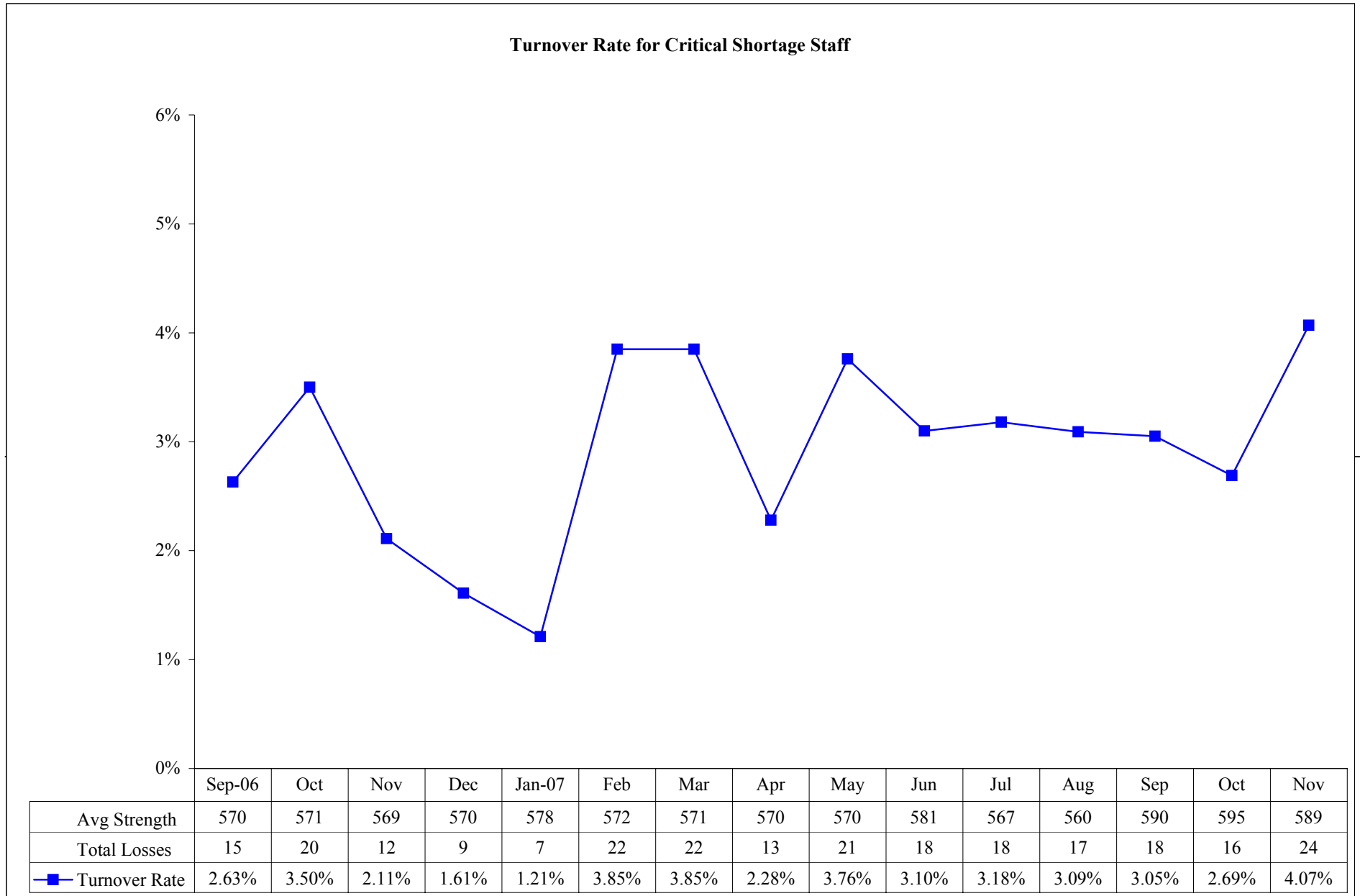
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals - As of November 30, 2007



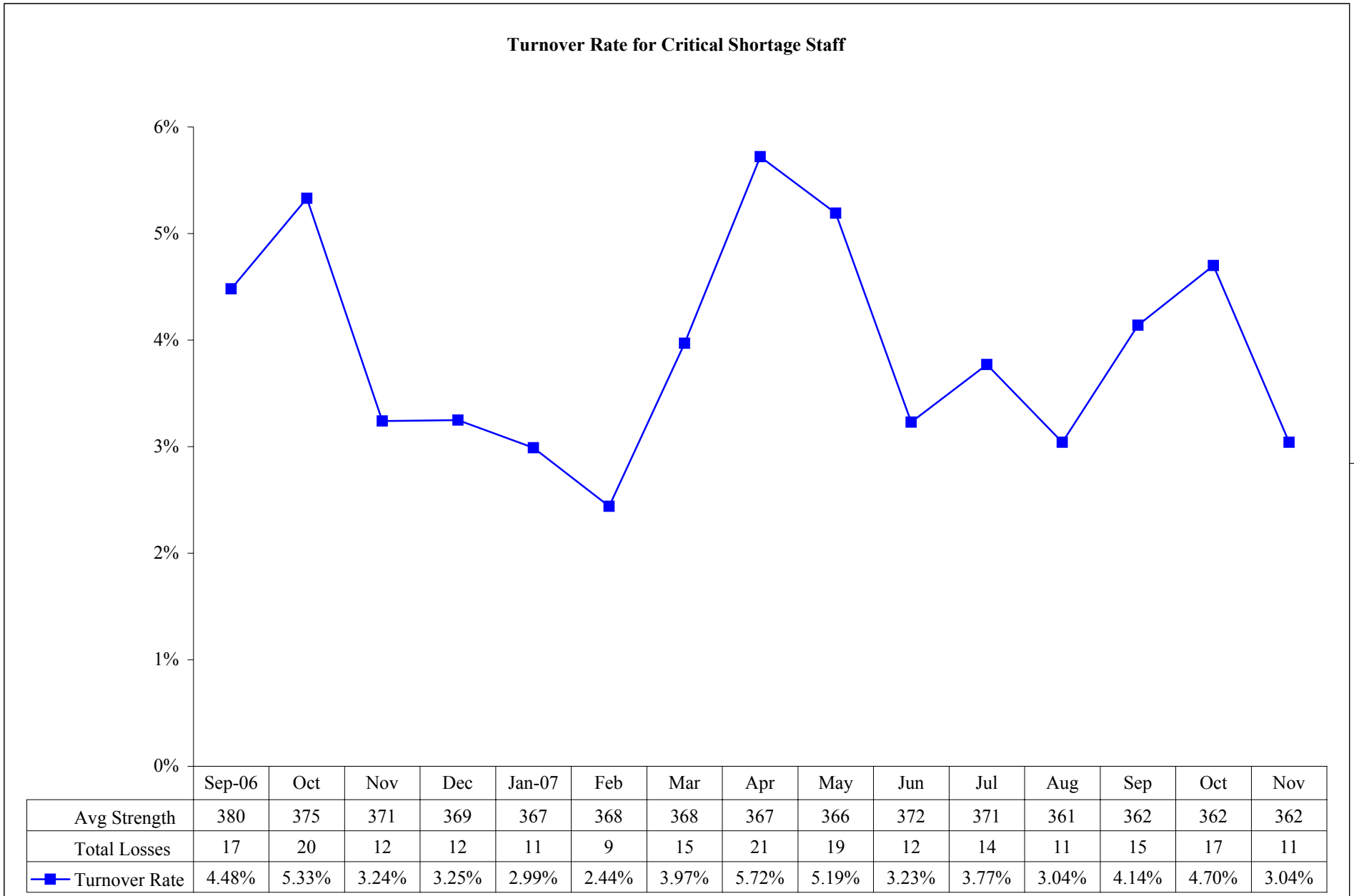
Measure 8A - Turnover Rate for Critical Shortage Staff
All State Hospitals



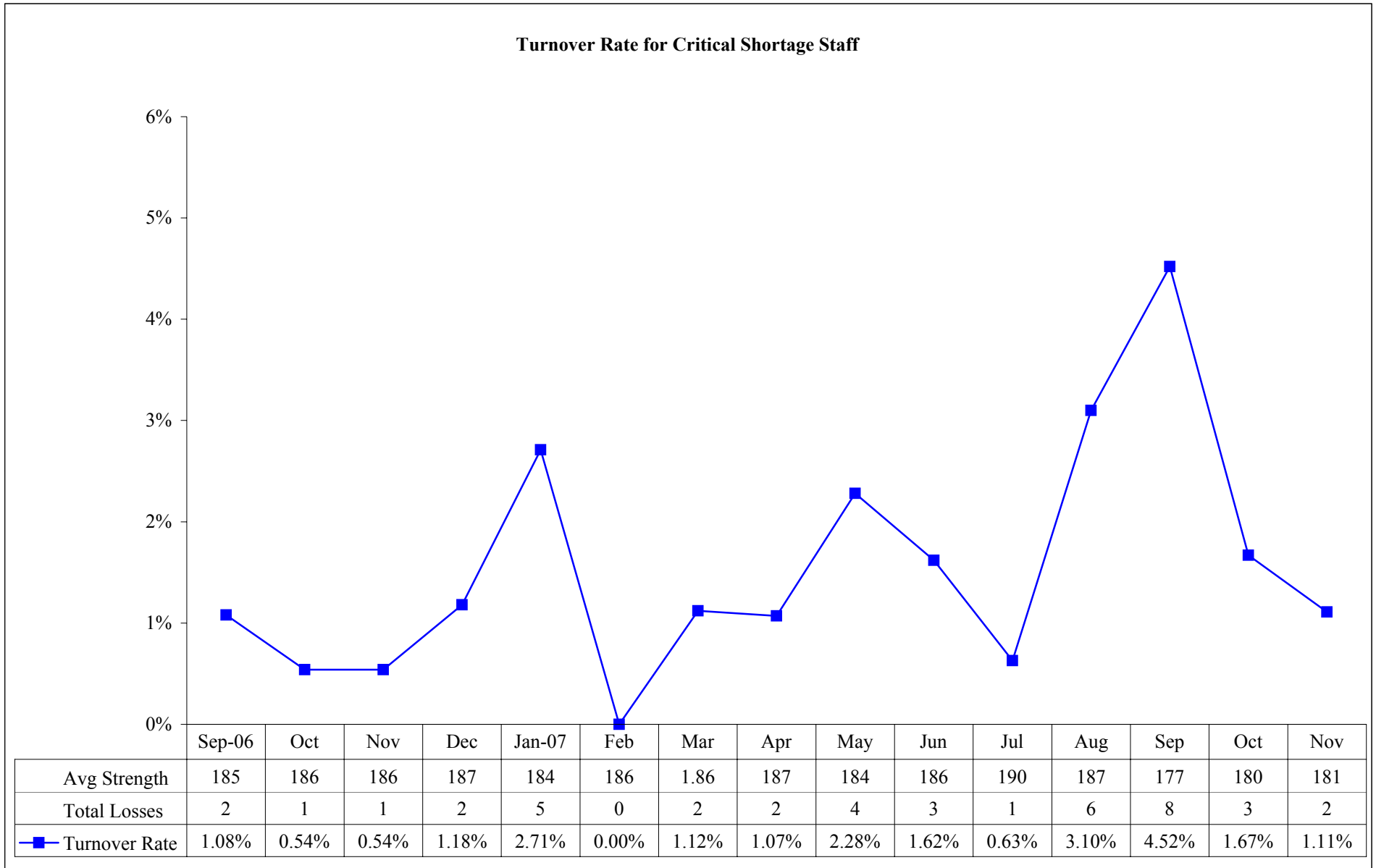
Measure 8A - Turnover Rate for Critical Shortage Staff
Austin State Hospital



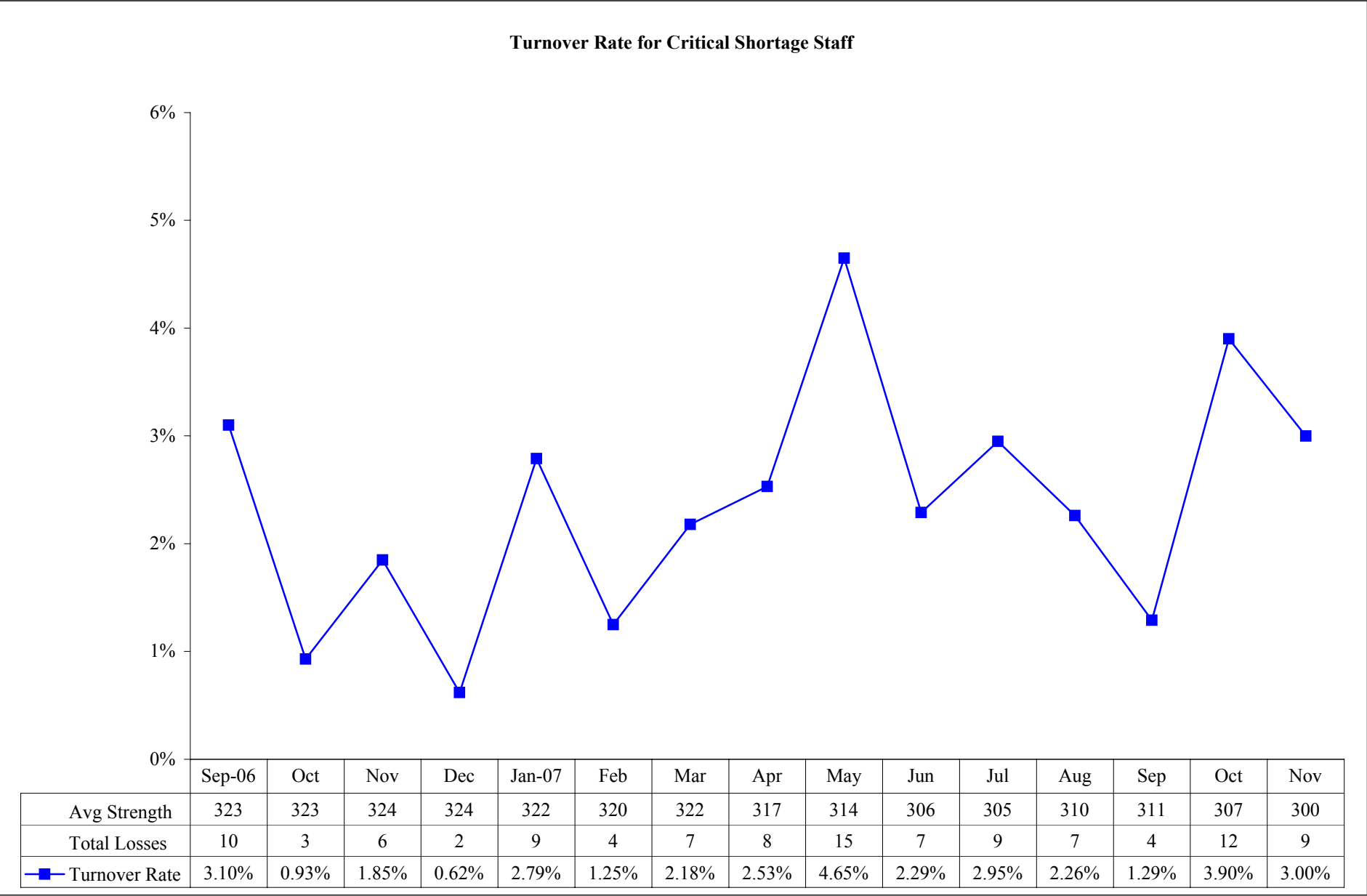
Measure 8A - Turnover Rate for Critical Shortage Staff
Big Spring State Hospital



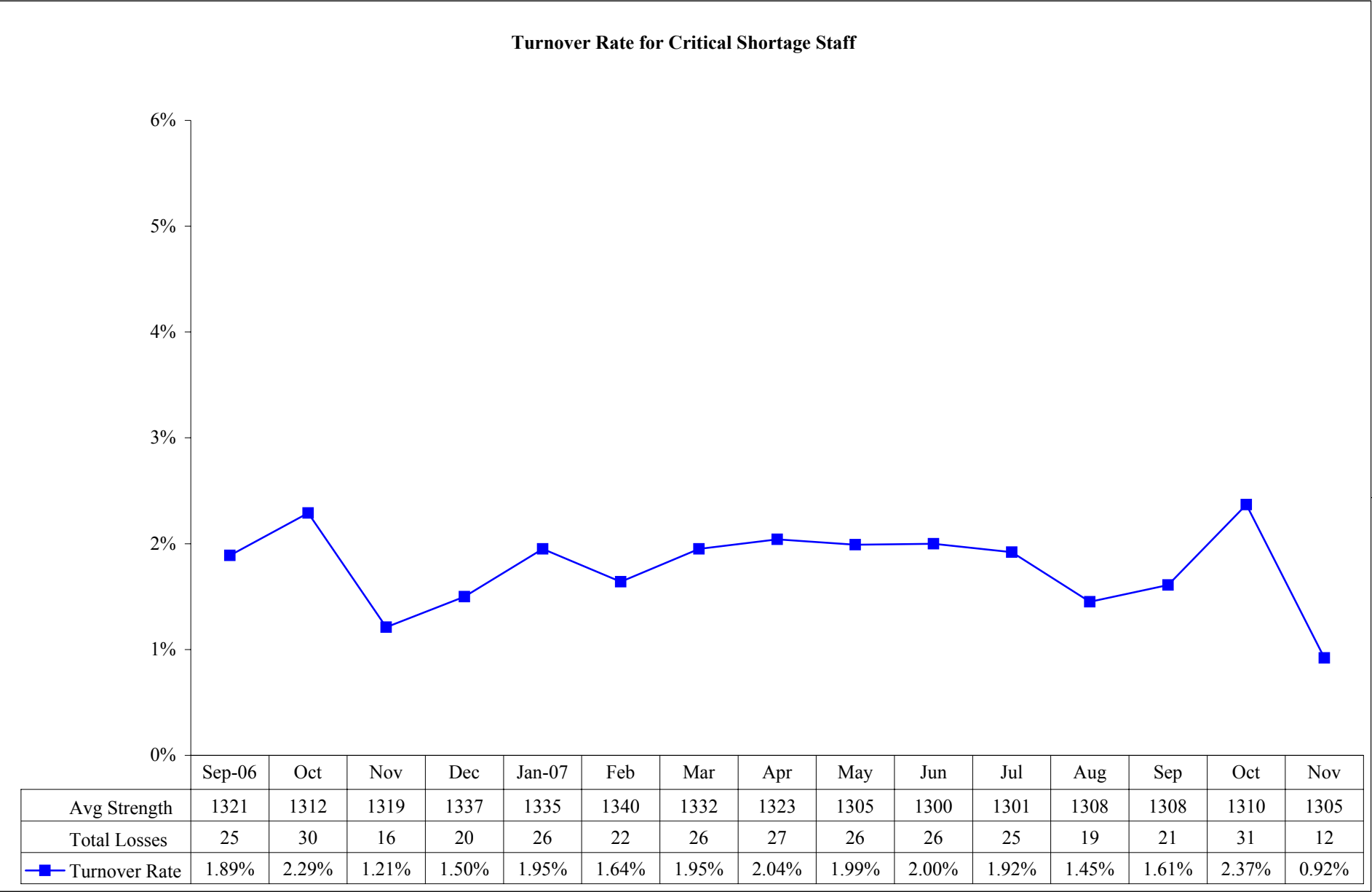
Measure 8A - Turnover Rate for Critical Shortage Staff
El Paso Psychiatric Center



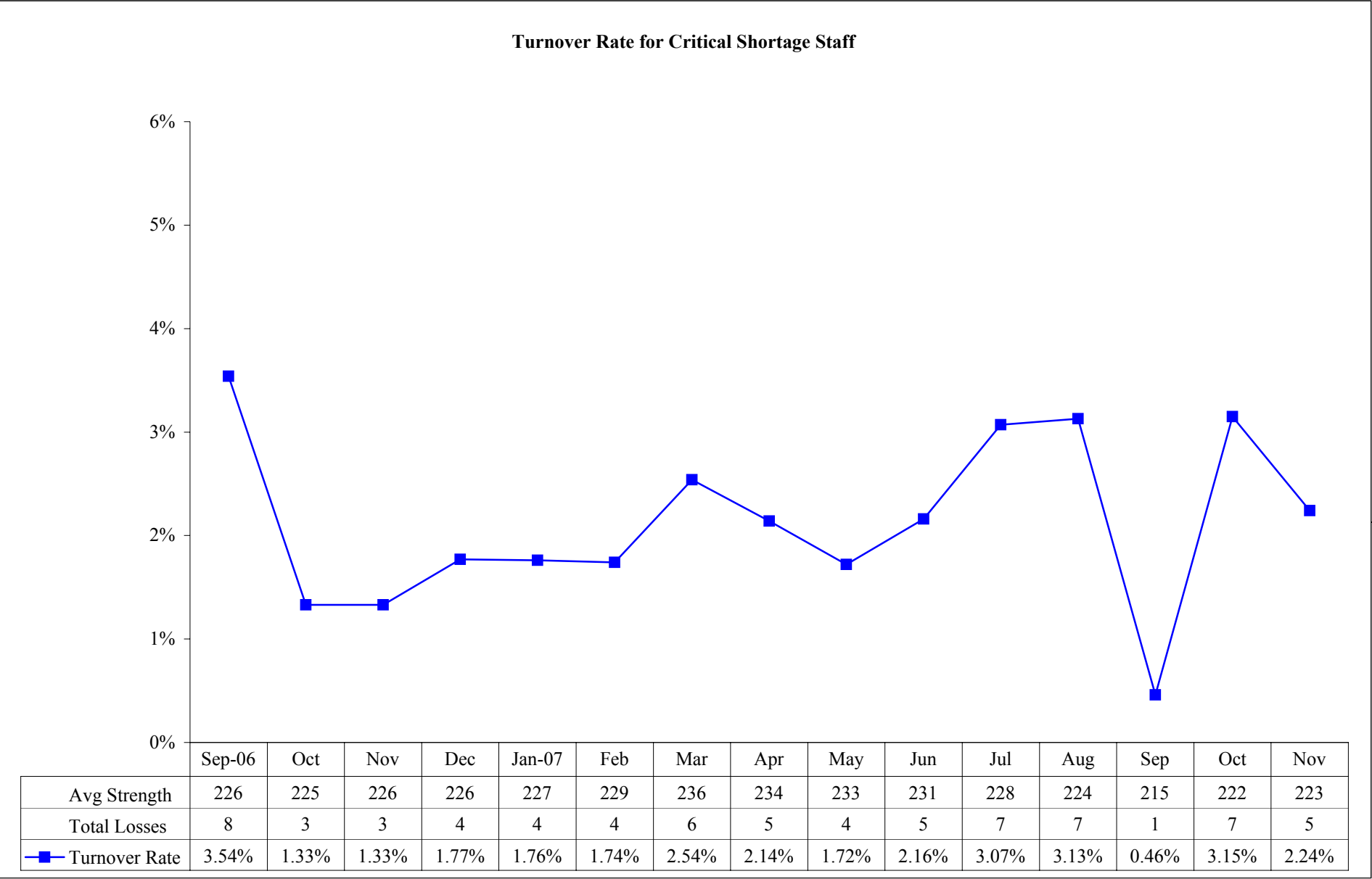
Measure 8A - Turnover Rate for Critical Shortage Staff
Kerrville State Hospital



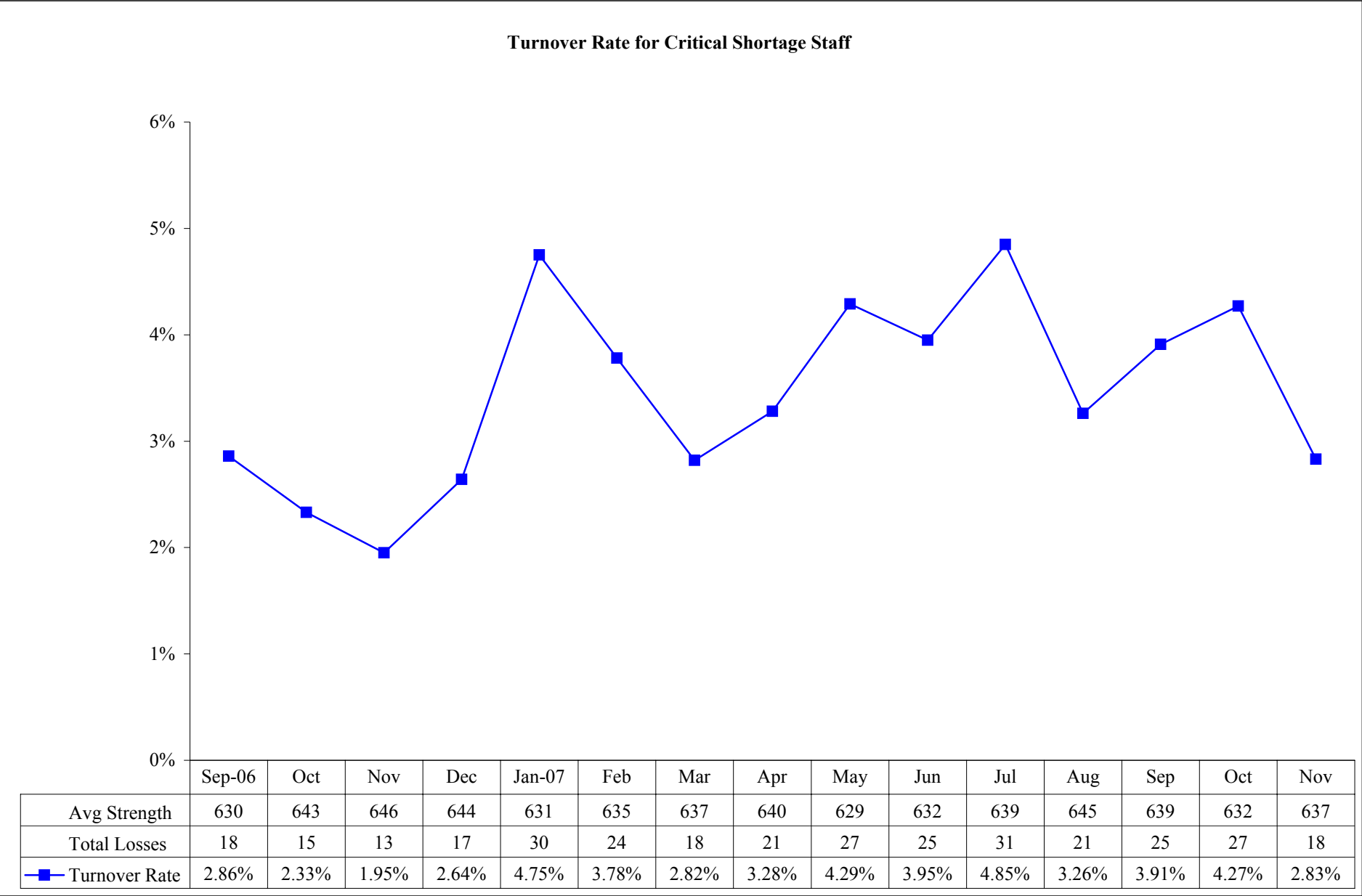
Measure 8A - Turnover Rate for Critical Shortage Staff
North Texas State Hospital



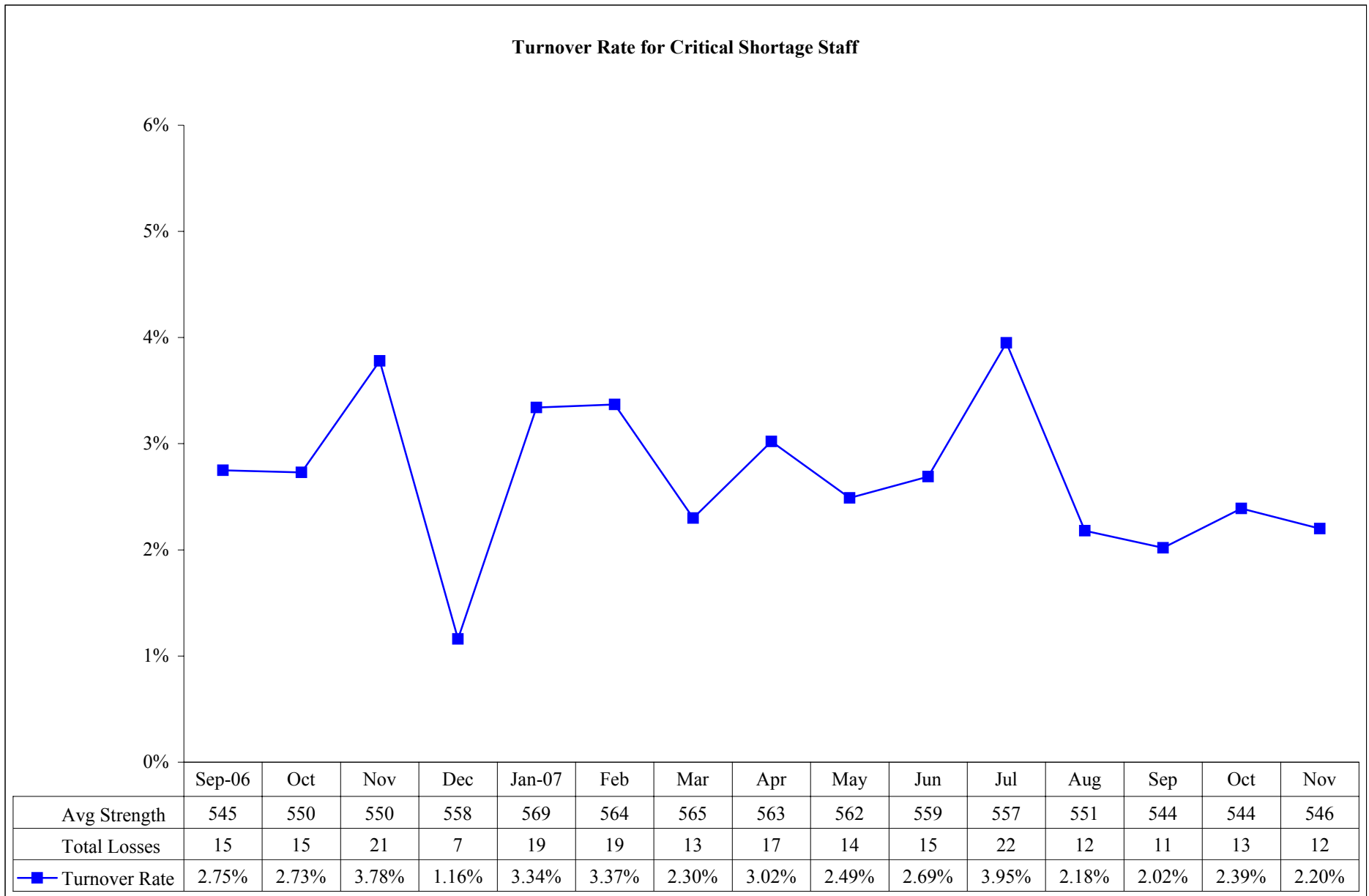
Measure 8A - Turnover Rate for Critical Shortage Staff
Rio Grande State Center



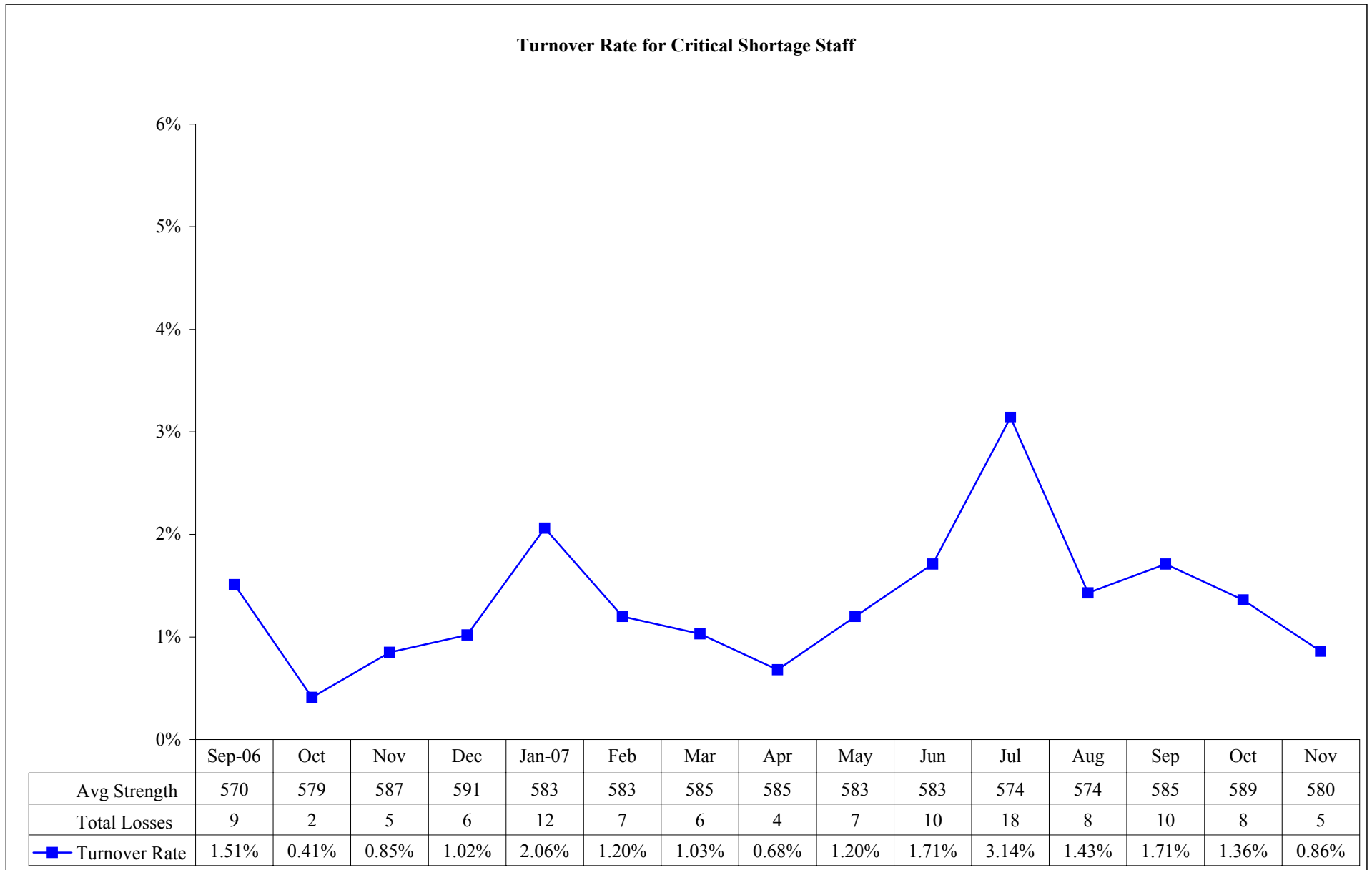
Measure 8A - Turnover Rate for Critical Shortage Staff
Rusk State Hospital



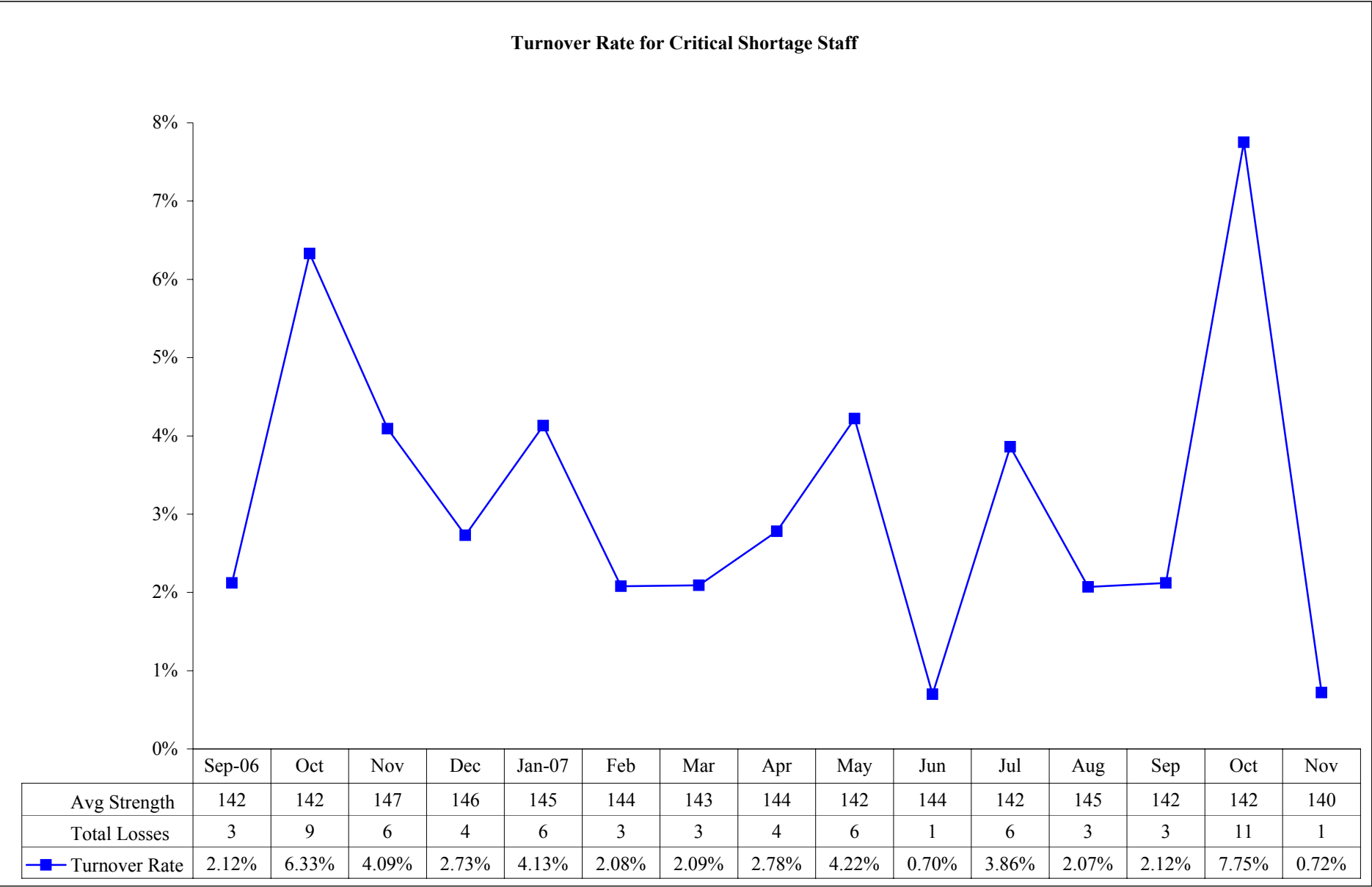
Measure 8A - Turnover Rate for Critical Shortage Staff
San Antonio State Hospital



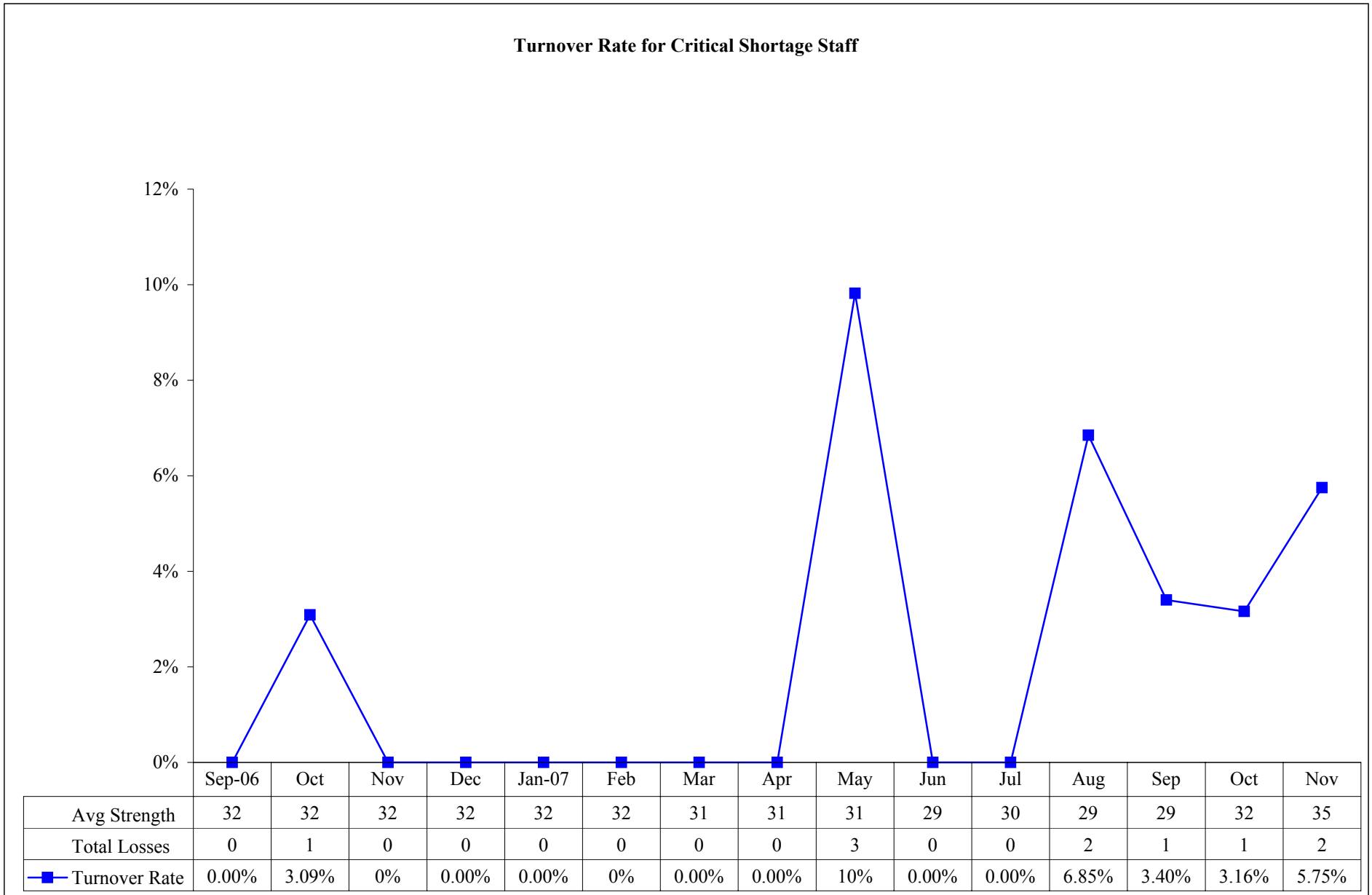
Measure 8A - Turnover Rate for Critical Shortage Staff
Terrell State Hospital



Measure 8A - Turnover Rate for Critical Shortage Staff
Waco Center for Youth



Measure 8A - Turnover Rate for Critical Shortage Staff
Texas Center for Infectious Disease



Performance Measure 8B:

Number of statewide vacancies for critical shortage staff will be maintained and reported.

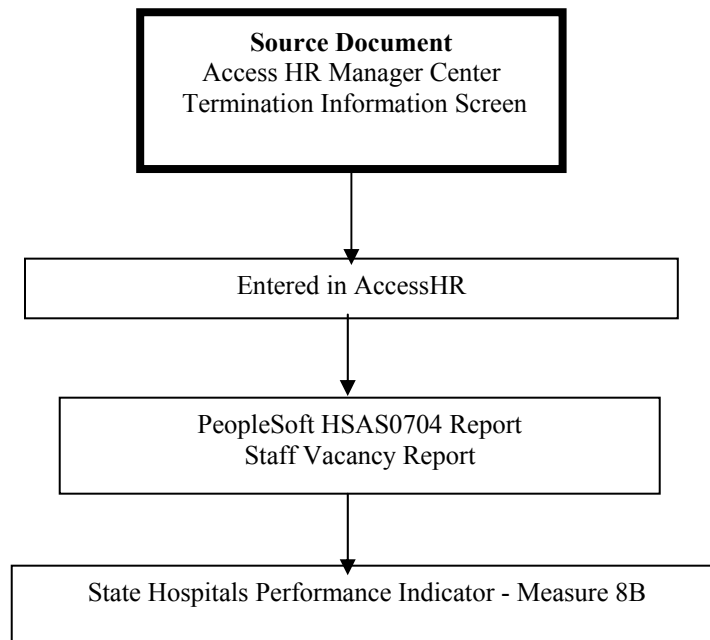
Performance Measure Operational Definition: The statewide vacancies rate for critical shortage staff will be maintained. Critical shortage job classifications: direct care; case workers; nurses; pharmacists; physicians; psychologists; and therapists.

Performance Measure Formula:

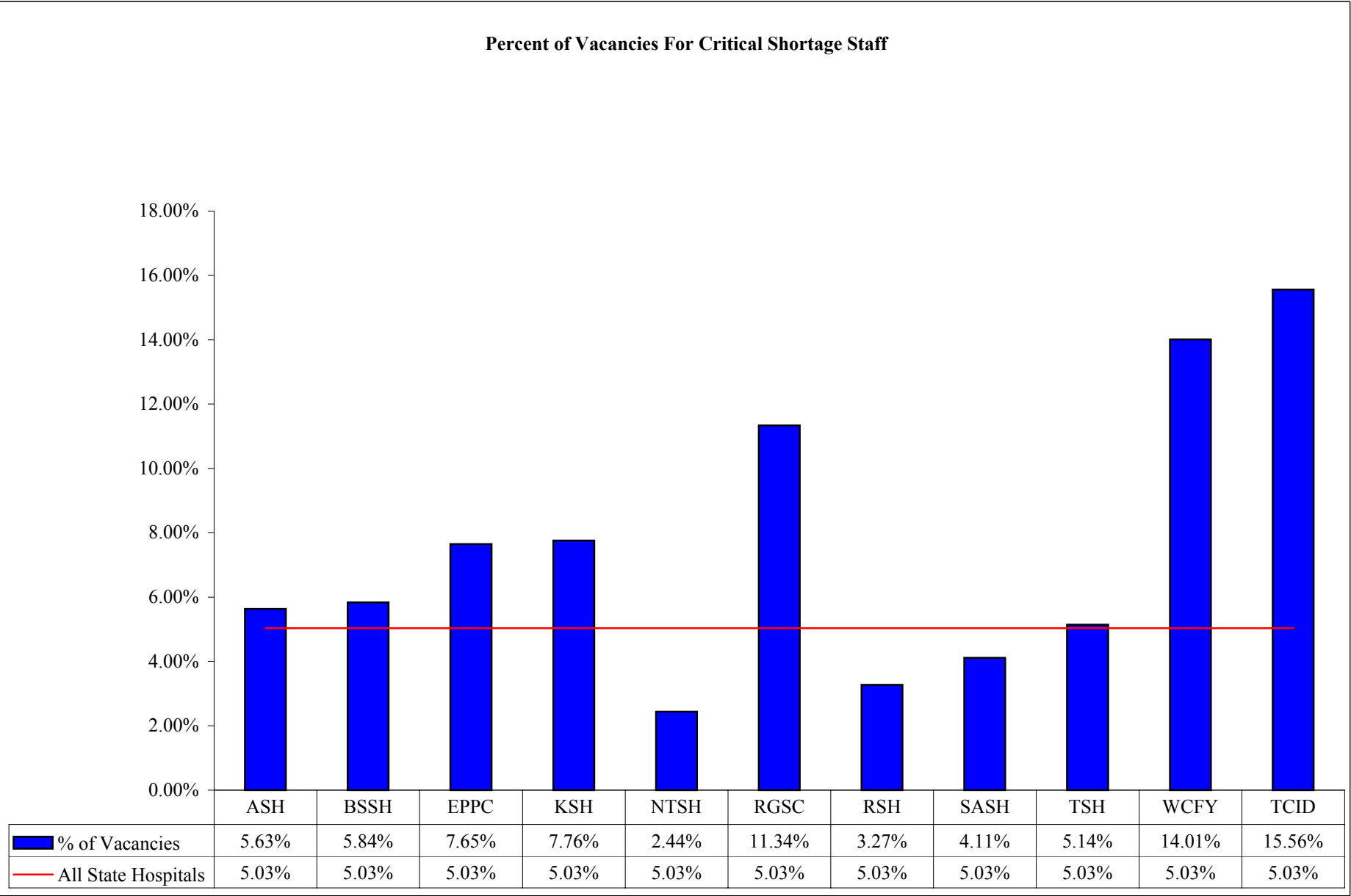
Performance Measure Data Display and Chart Description:

Table shows vacancies rate for individual state hospitals and system-wide.

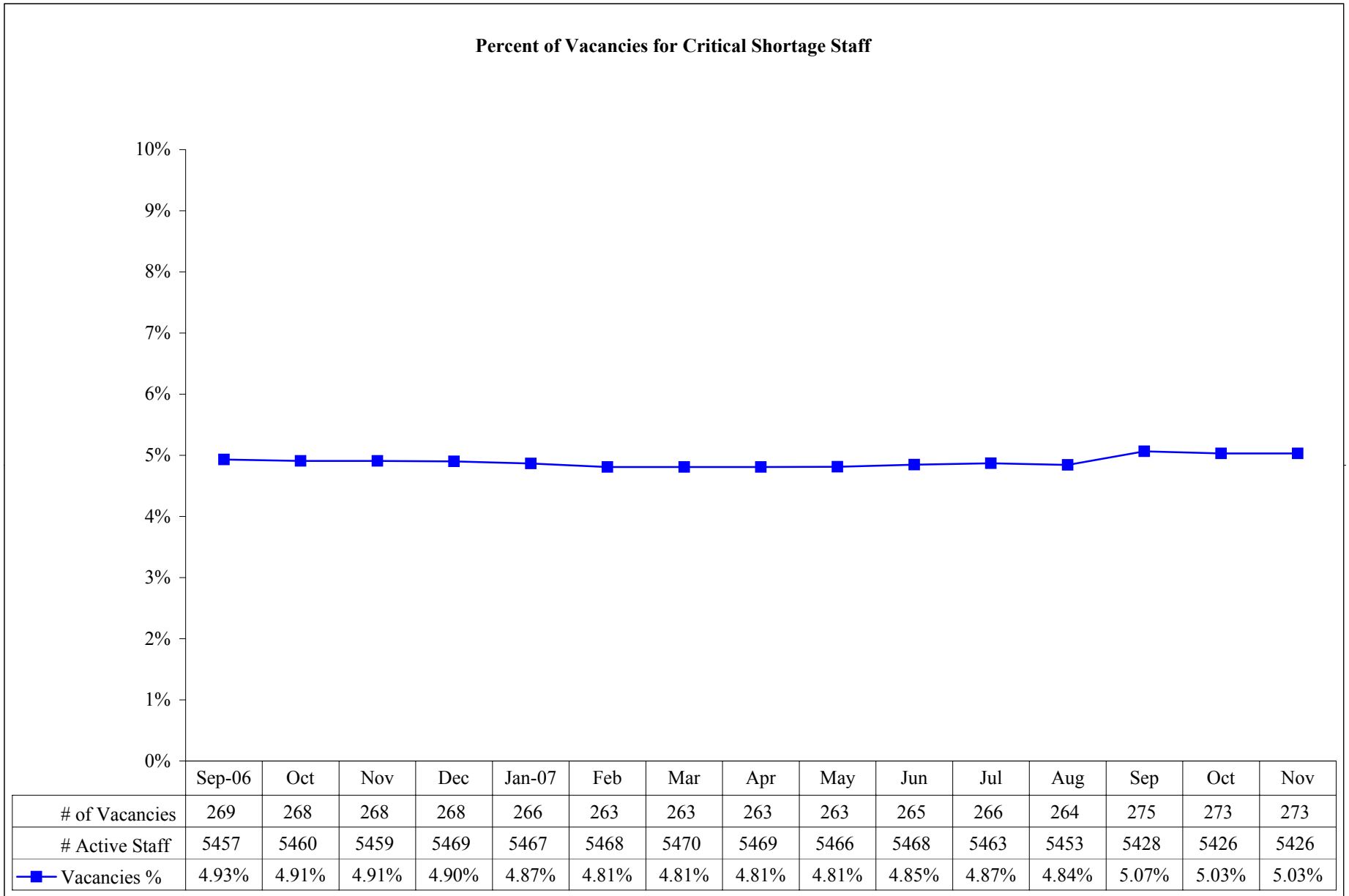
Data Flow:



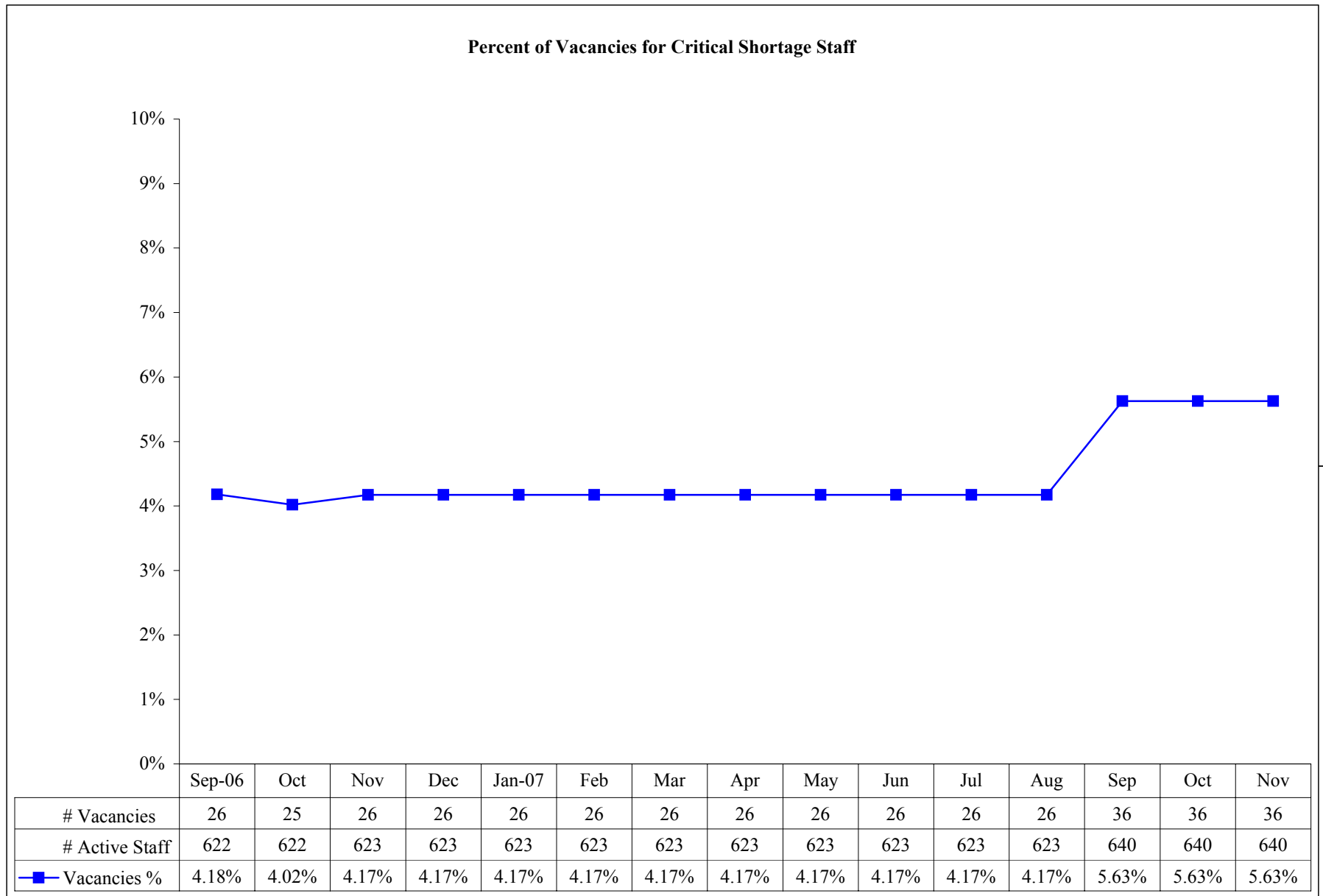
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals - As of November 30, 2007



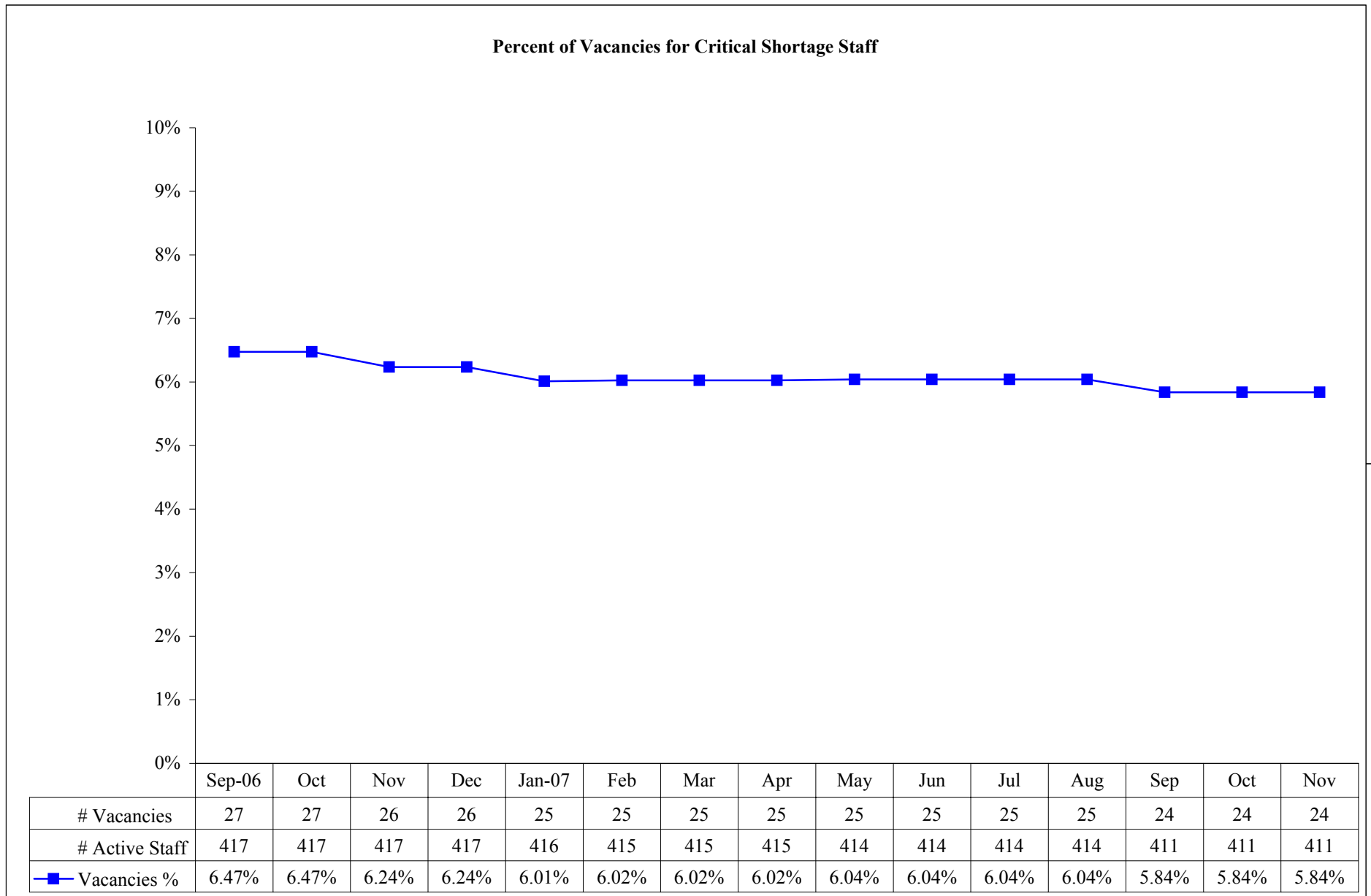
Measure 8B - Vacancies for Critical Shortage Staff
All State Hospitals



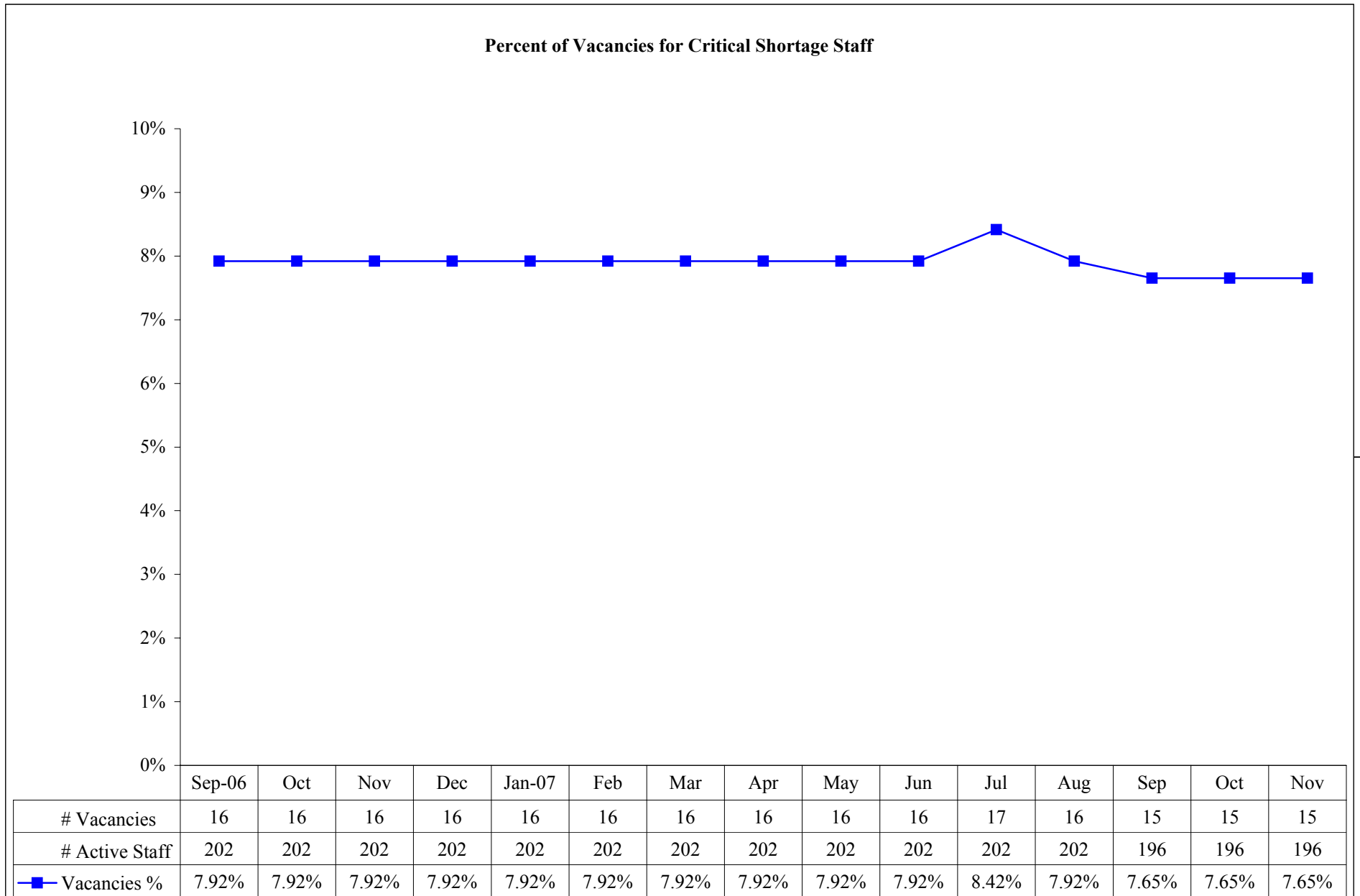
Measure 8B - Vacancies for Critical Shortage Staff
Austin State Hospital



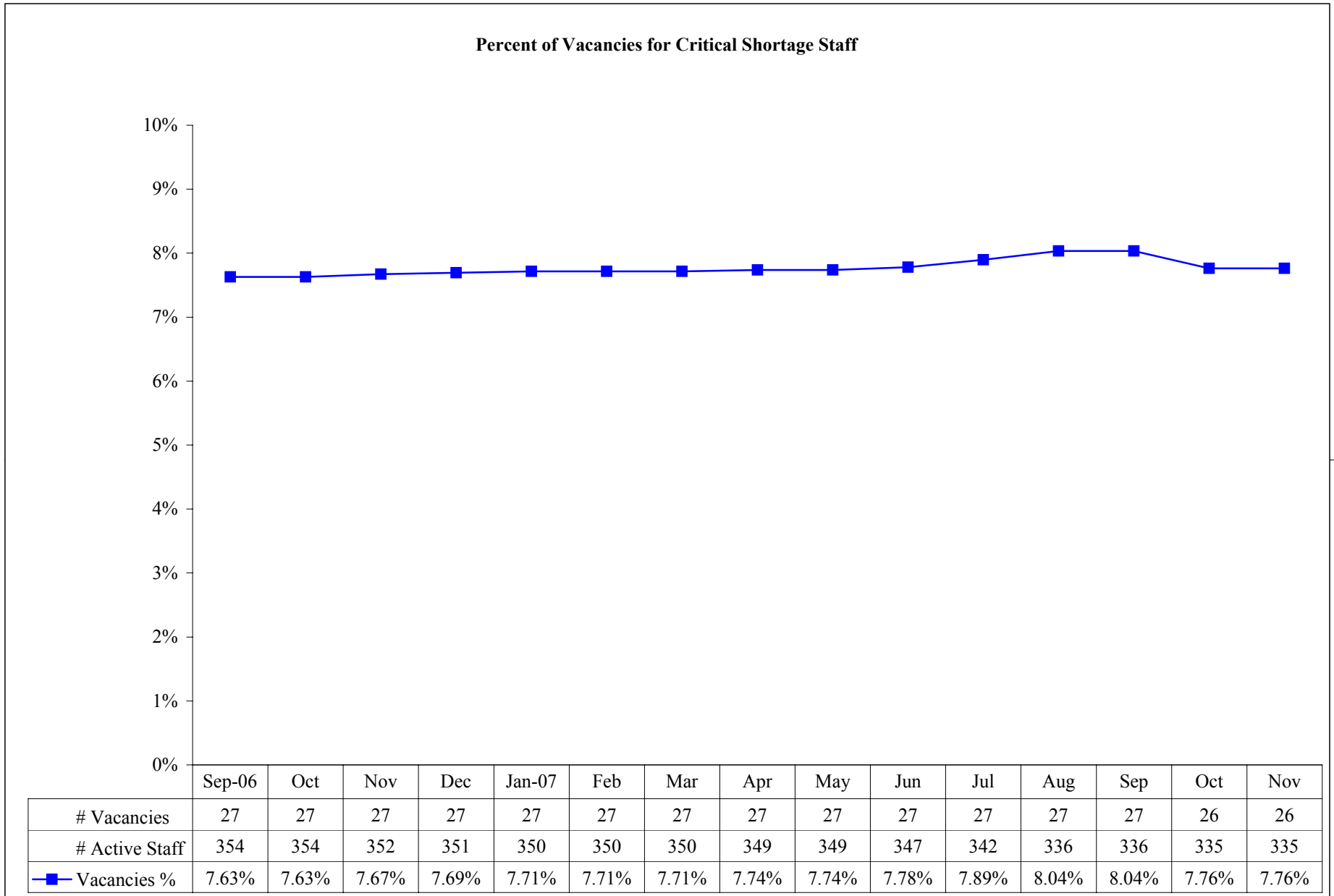
Measure 8B - Vacancies for Critical Shortage Staff
Big Spring State Hospital



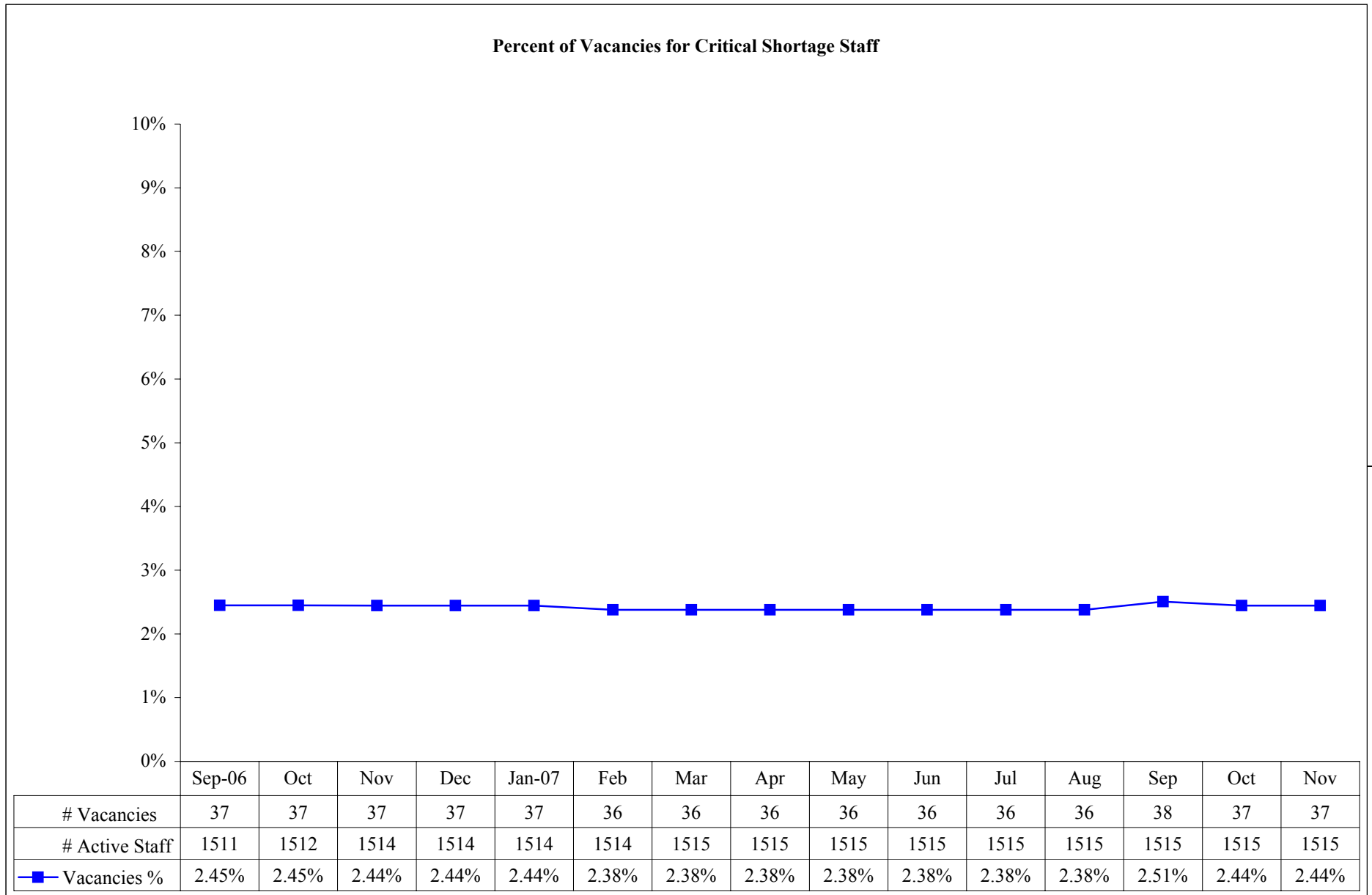
Measure 8B - Vacancies for Critical Shortage Staff
El Paso Psychiatric Center



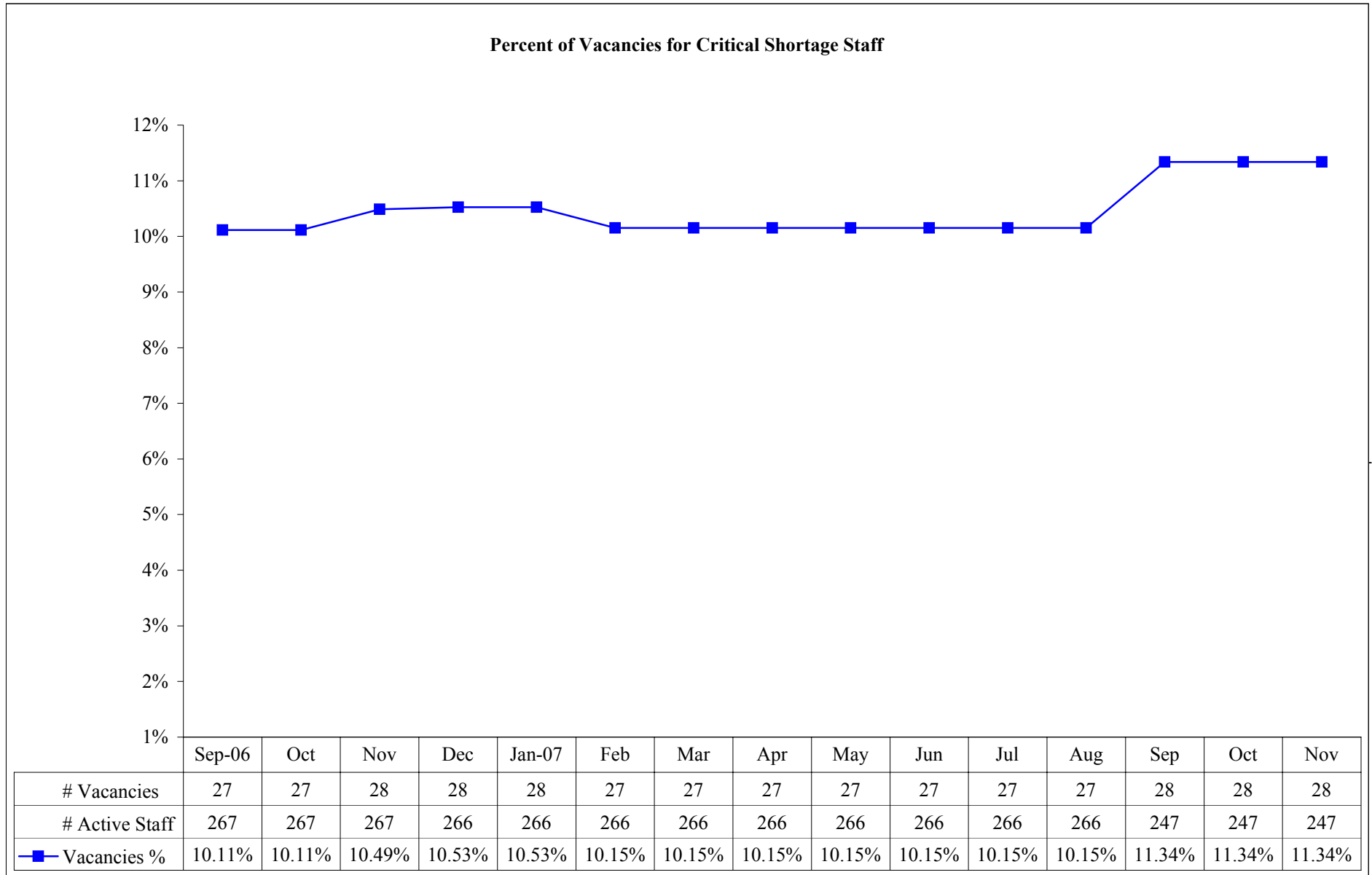
Measure 8B - Vacancies for Critical Shortage Staff
Kerrville State Hospital



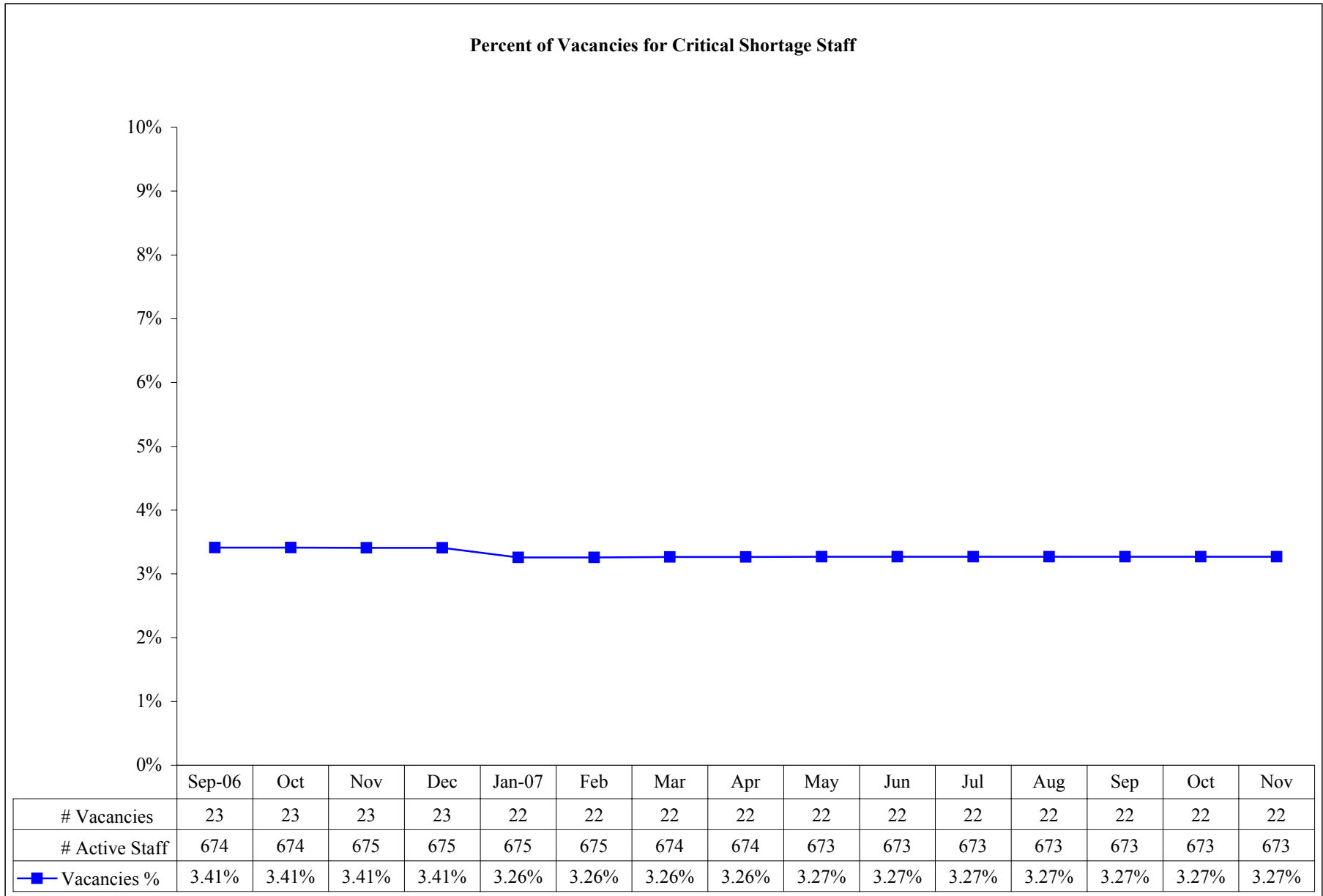
Measure 8B - Vacancies for Critical Shortage Staff
North Texas State Hospital



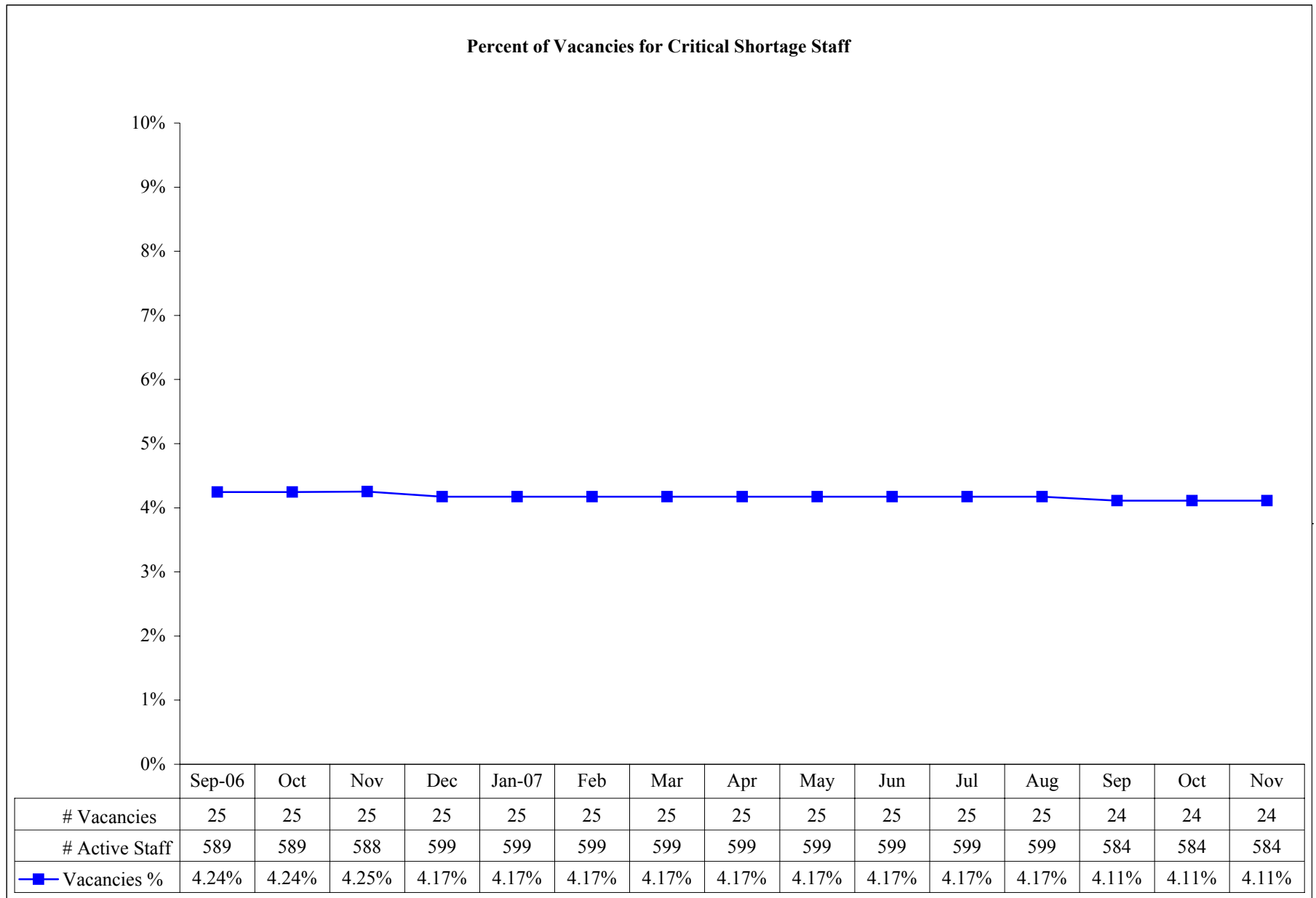
Measure 8B - Vacancies for Critical Shortage Staff
Rio Grande State Center



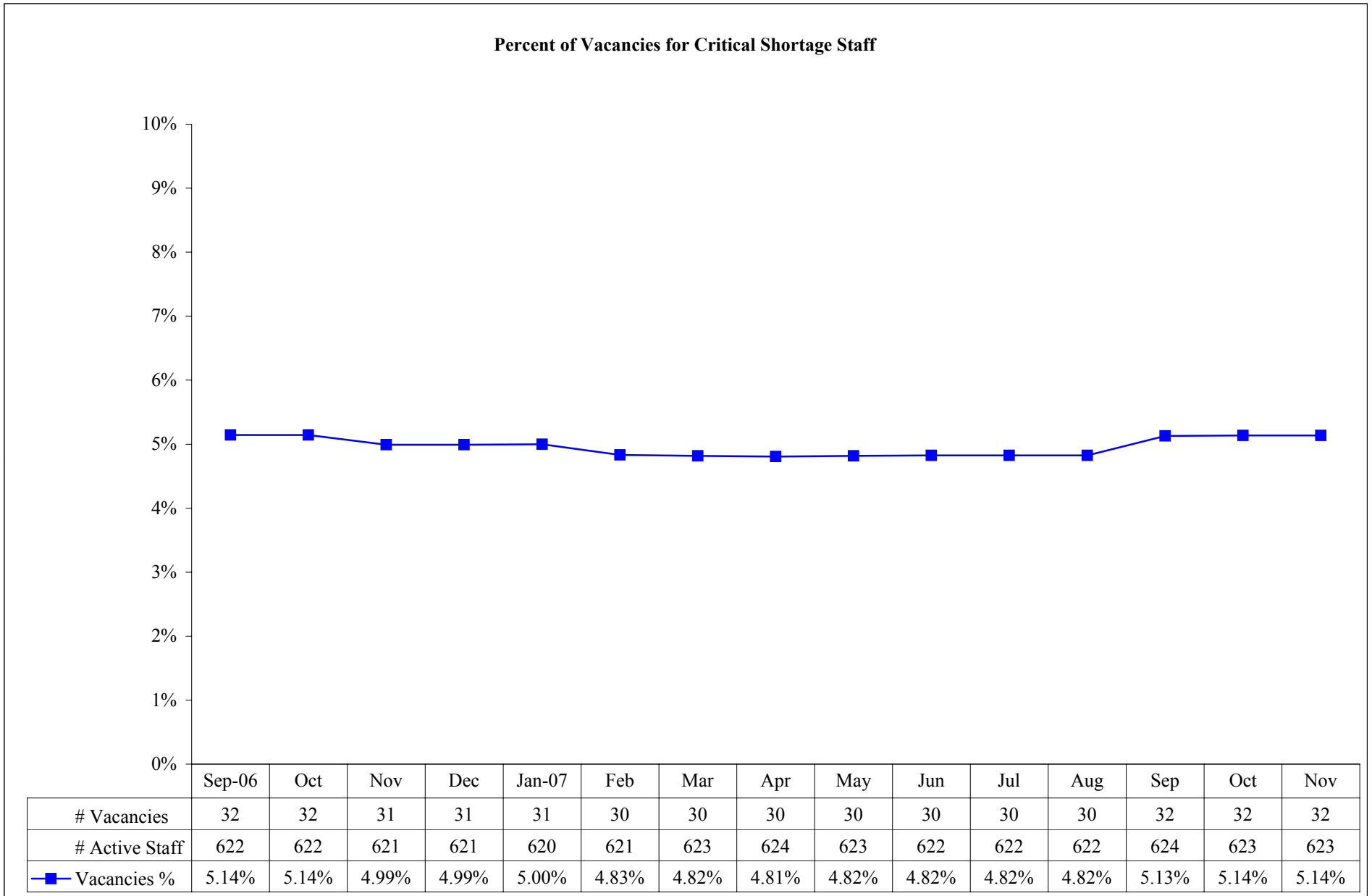
Measure 8B - Vacancies for Critical Shortage Staff
Rusk State Hospital



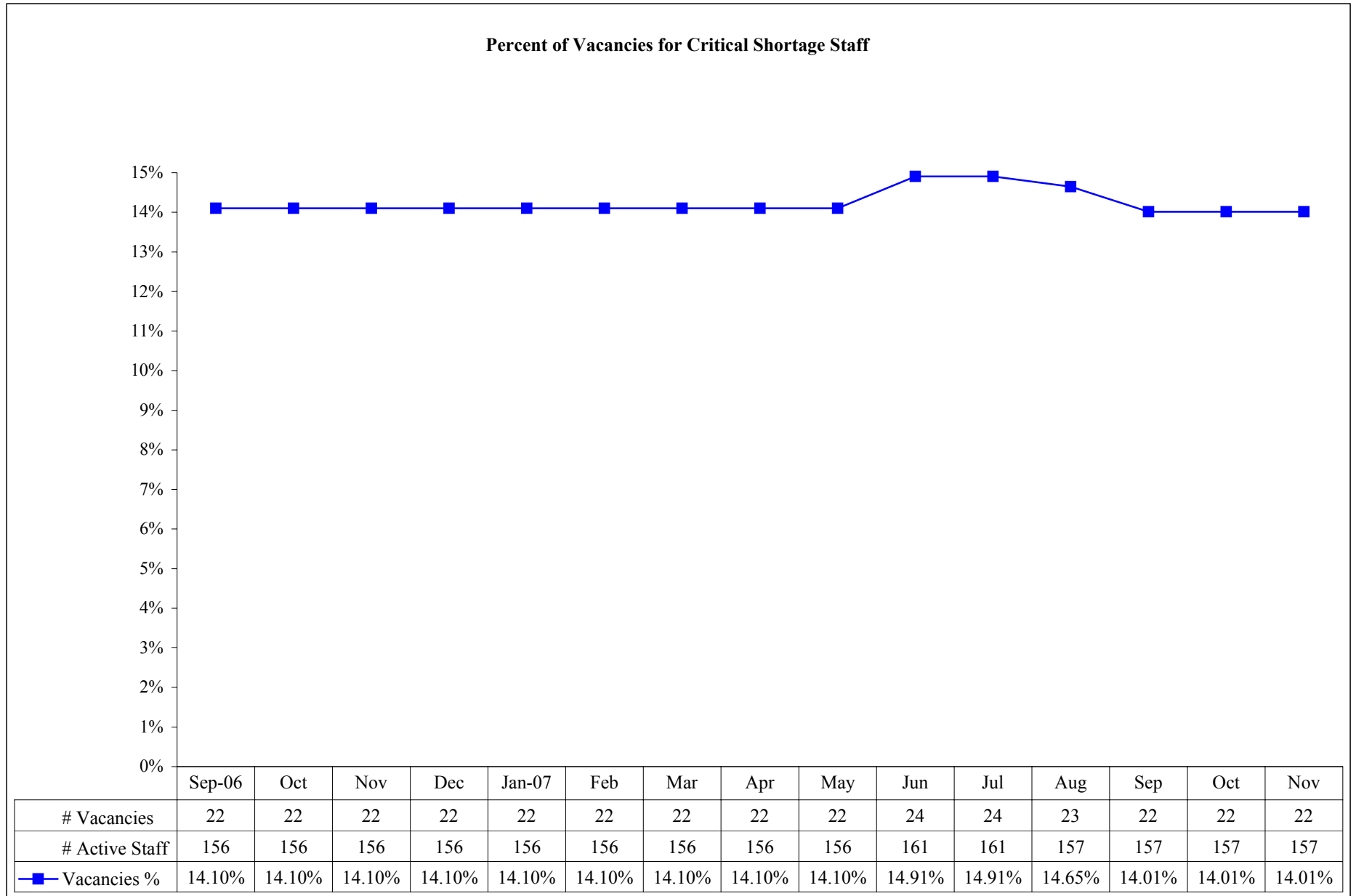
Measure 8B - Vacancies for Critical Shortage Staff
San Antonio State Hospital



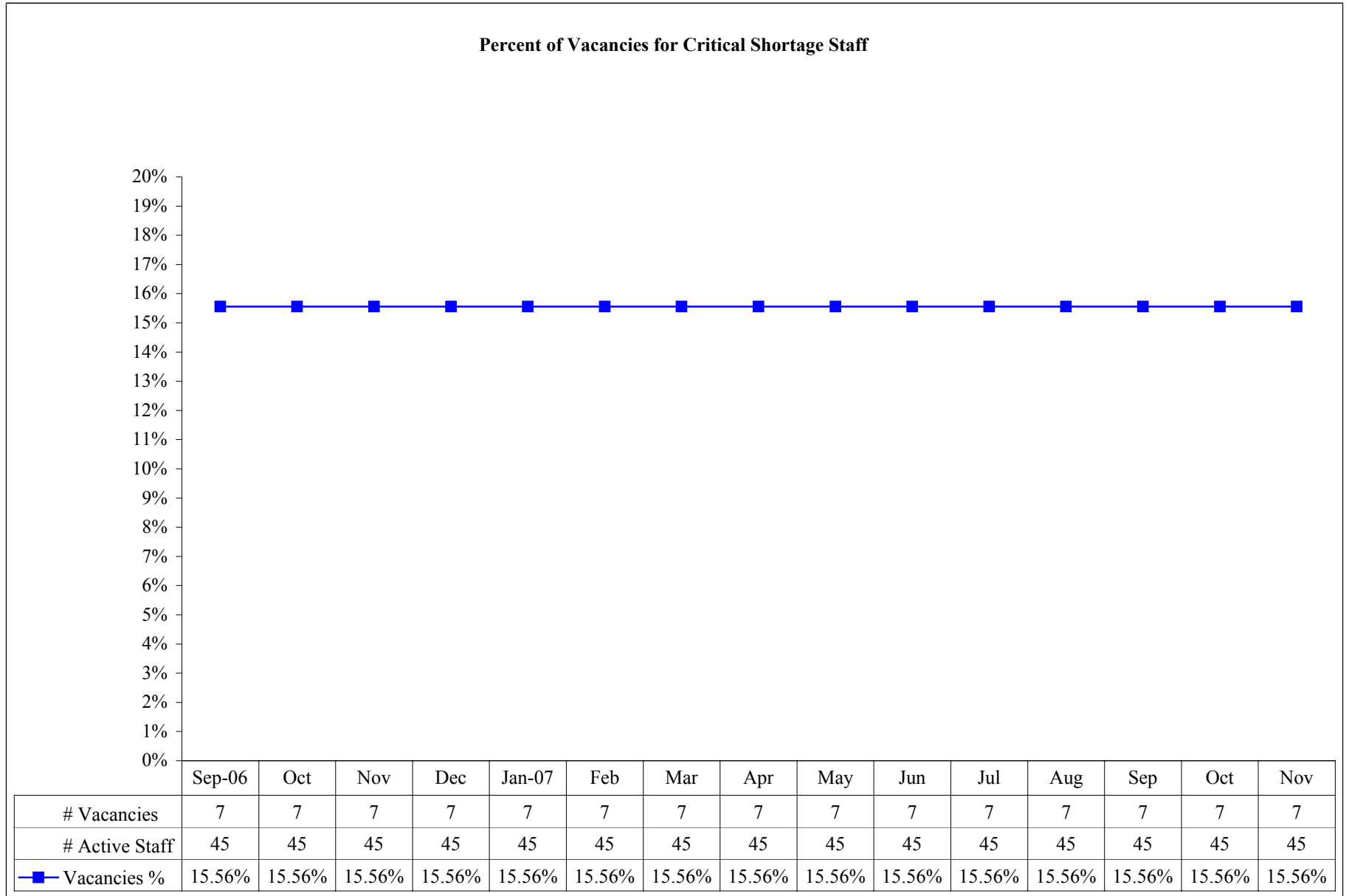
Measure 8B - Vacancies for Critical Shortage Staff
Terrell State Hospital



Measure 8B - Vacancies for Critical Shortage Staff
Waco Center for Youth



Measure 8B - Vacancies for Critical Shortage Staff
Texas Center for Infectious Disease



GOAL 9: Improve Organizational Performance

Performance Objective 9A:

Children and parent(s) or the legally authorized representative will be satisfied with the treatment and safe milieu provided by in state mental health hospitals by achieving the following average response on the Patient Satisfaction Surveys (PSAT).

- 1. An average score of “4” on the Parent Satisfaction Survey**
- 2. An average score of “1.698” on the Children Satisfaction Survey**

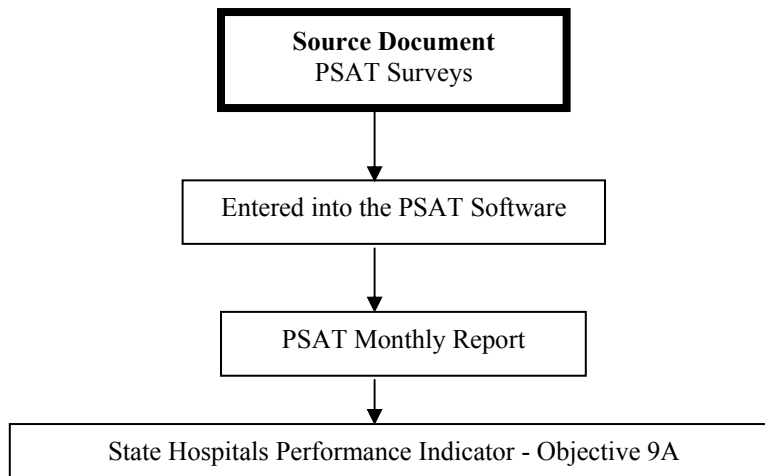
Performance Objective Operational Definition: At least 20% of discharges should be sampled each month for children (age 5-12) and for parents.

Performance Objective Formula: PSAT System gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

Performance Objective Data Display and Chart Description:

- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Line chart with monthly data points of children scores and parent scores for individual state hospitals and system-wide.

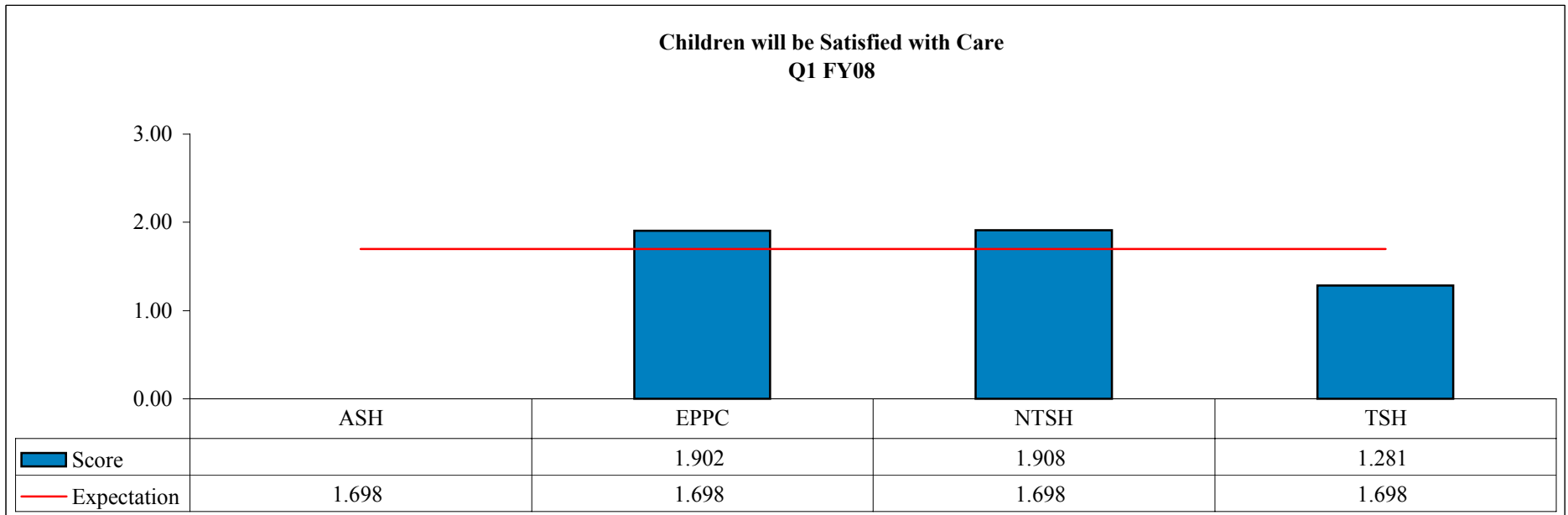
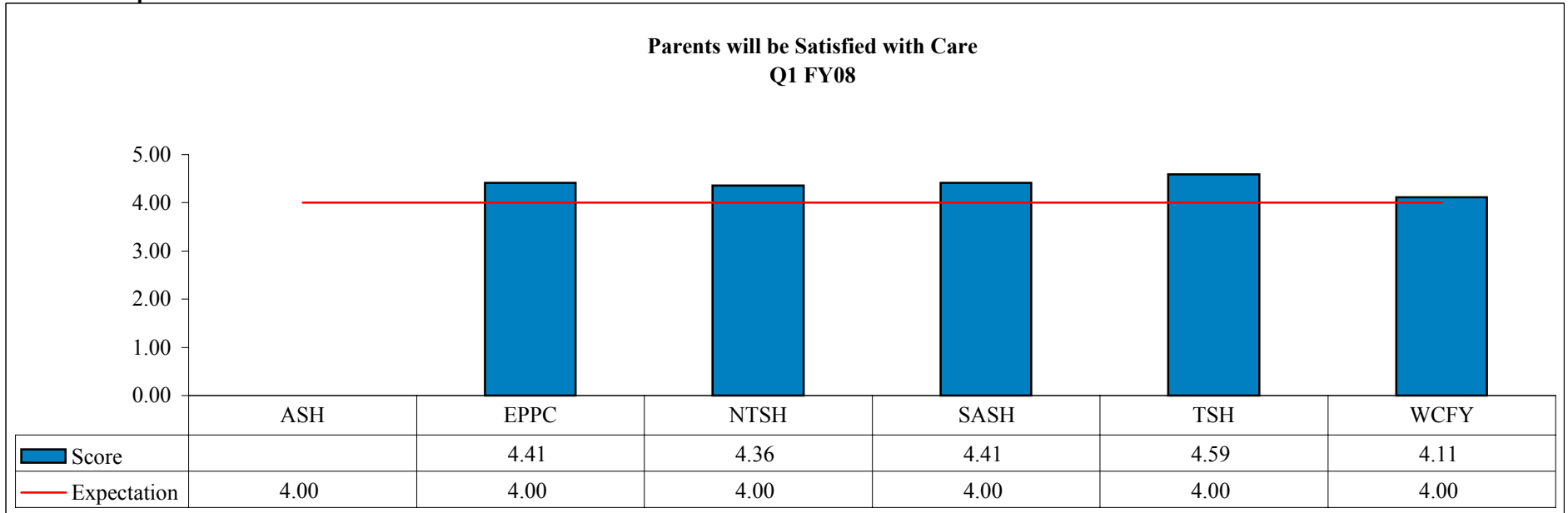
Data Flow:



Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

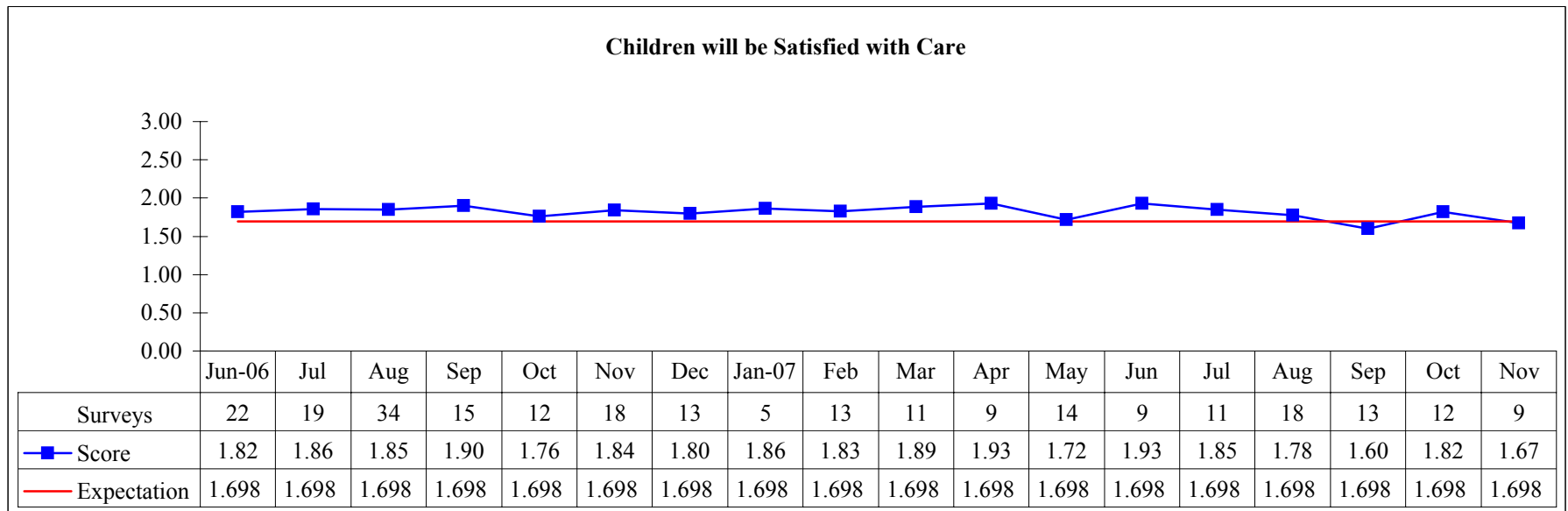
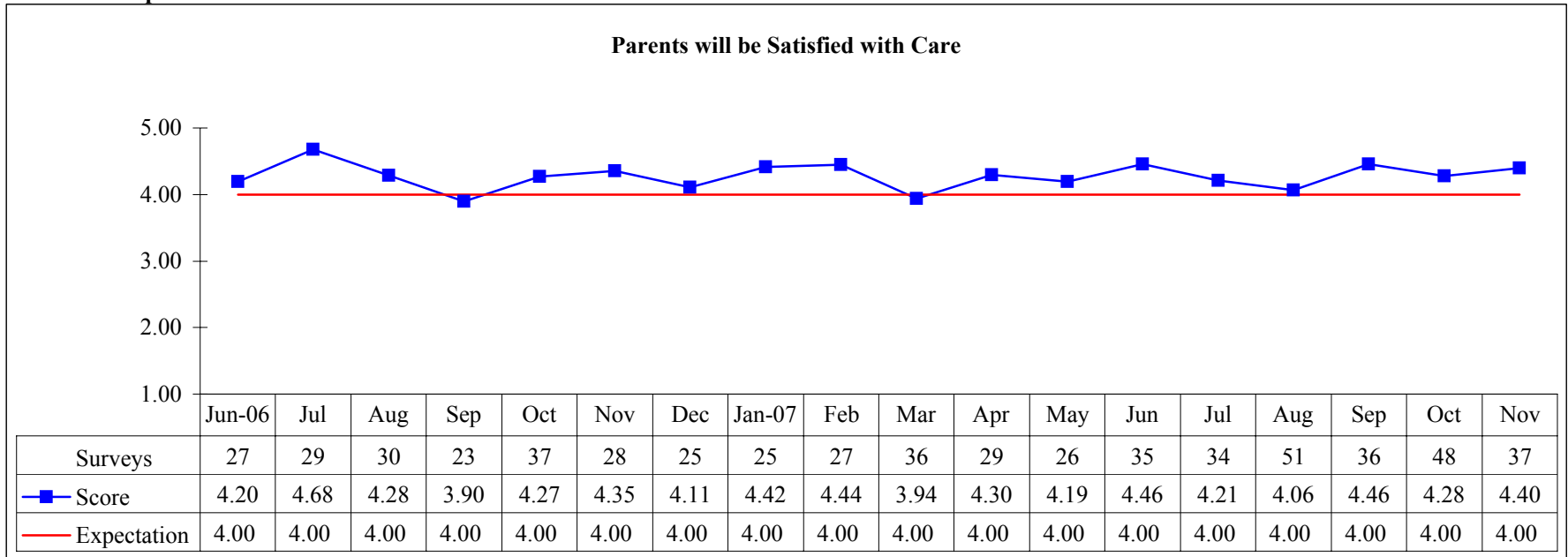
All State Hospitals



Objective 9A - Patient Satisfaction

Children and Parents will be Satisfied with Treatment and Safe Milieu

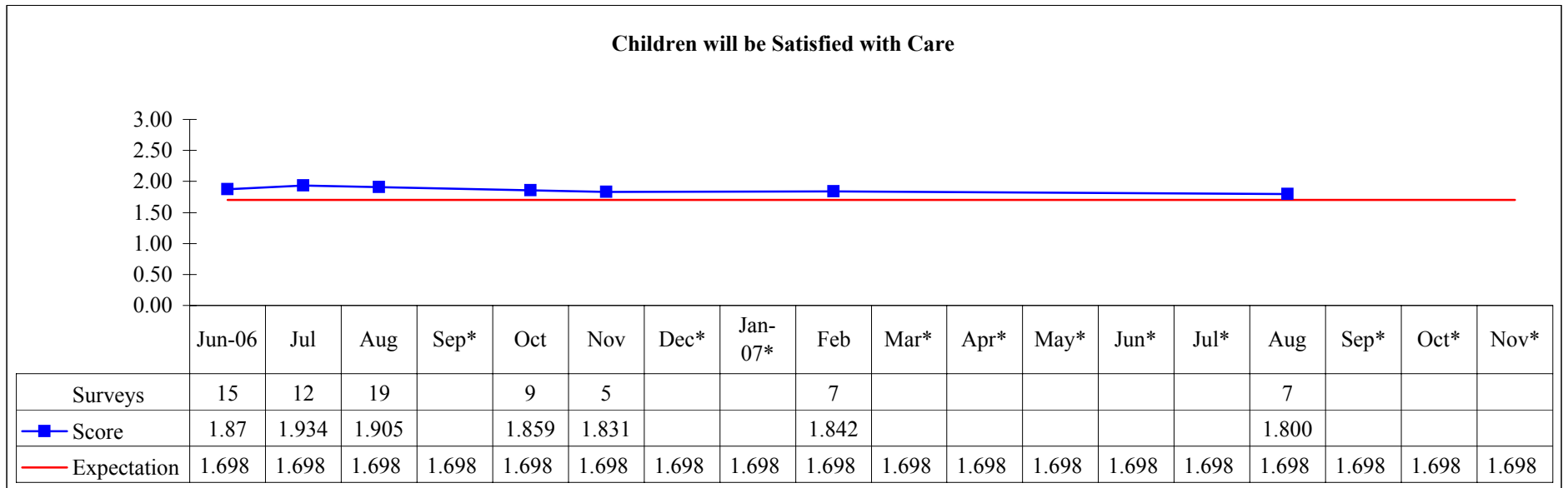
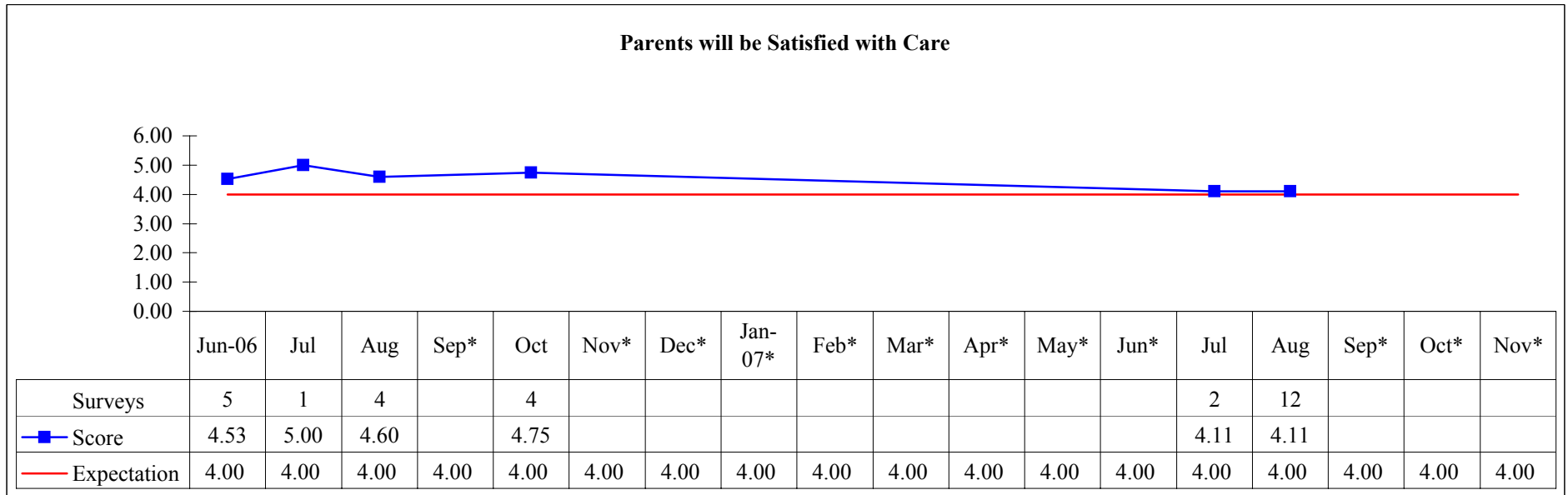
All State Hospitals



Objective 9A - Patient Satisfaction

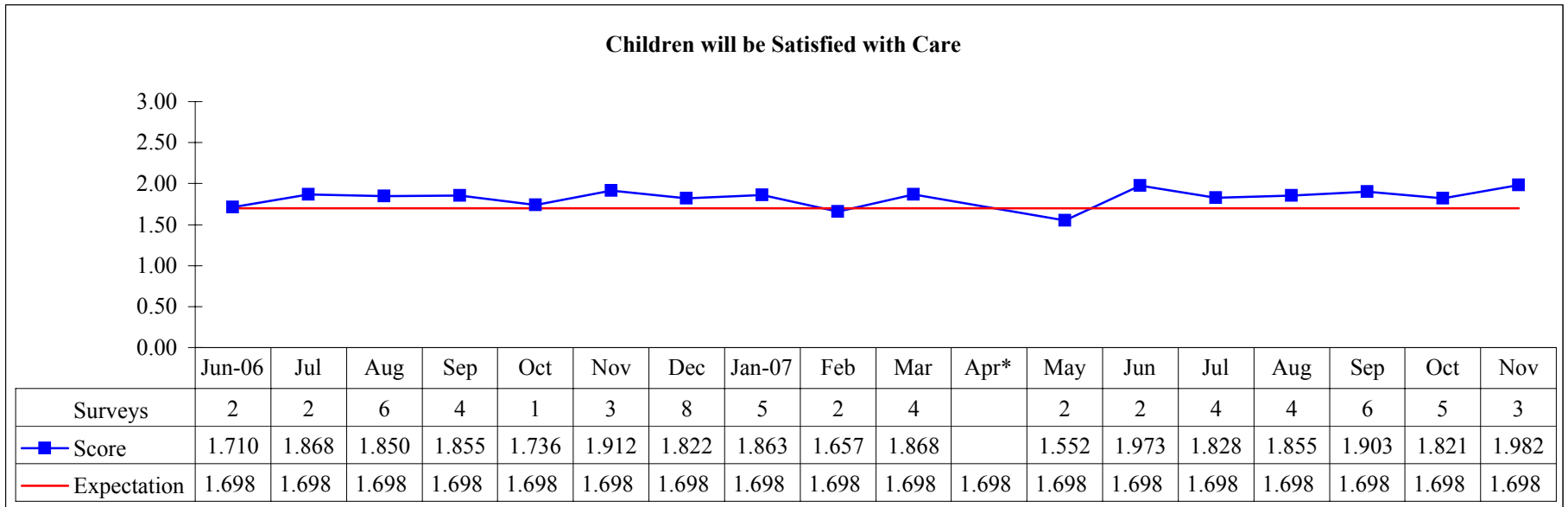
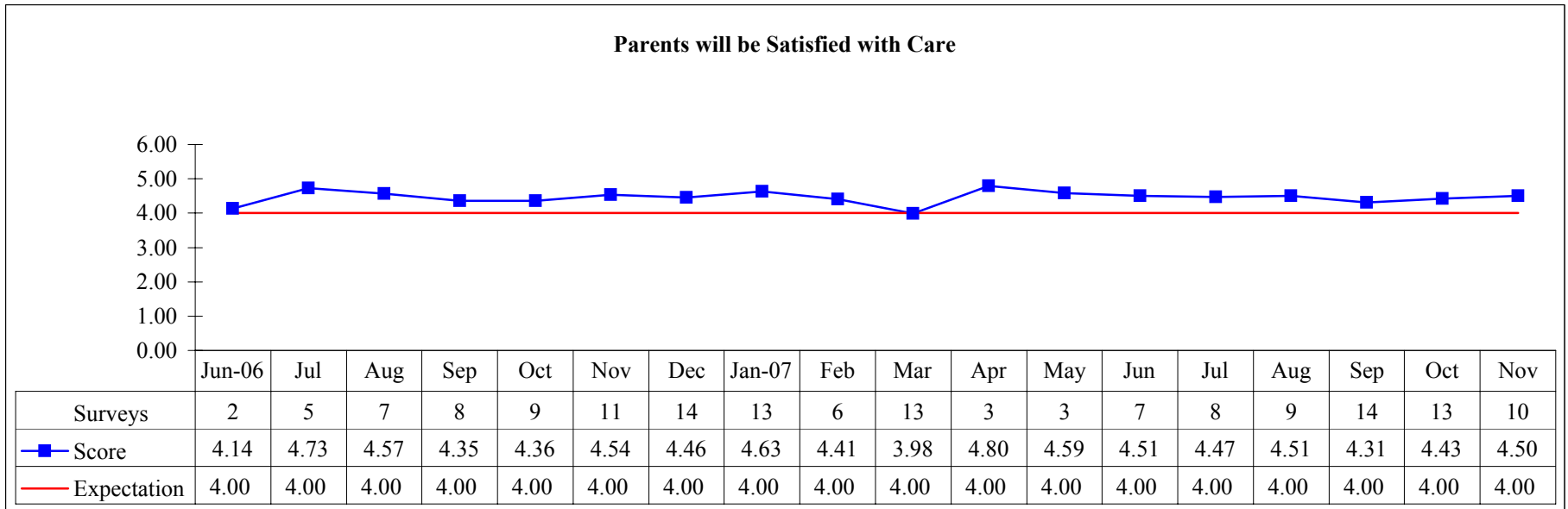
Children and Parents will be Satisfied with Treatment and Safe Milieu

Austin State Hospital



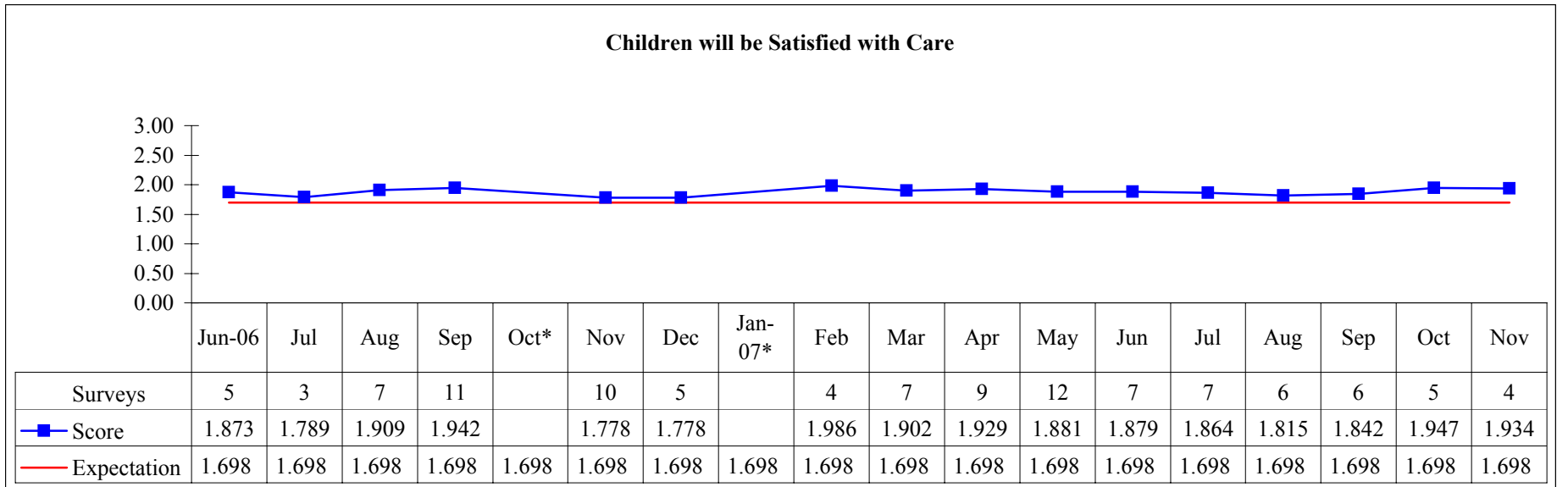
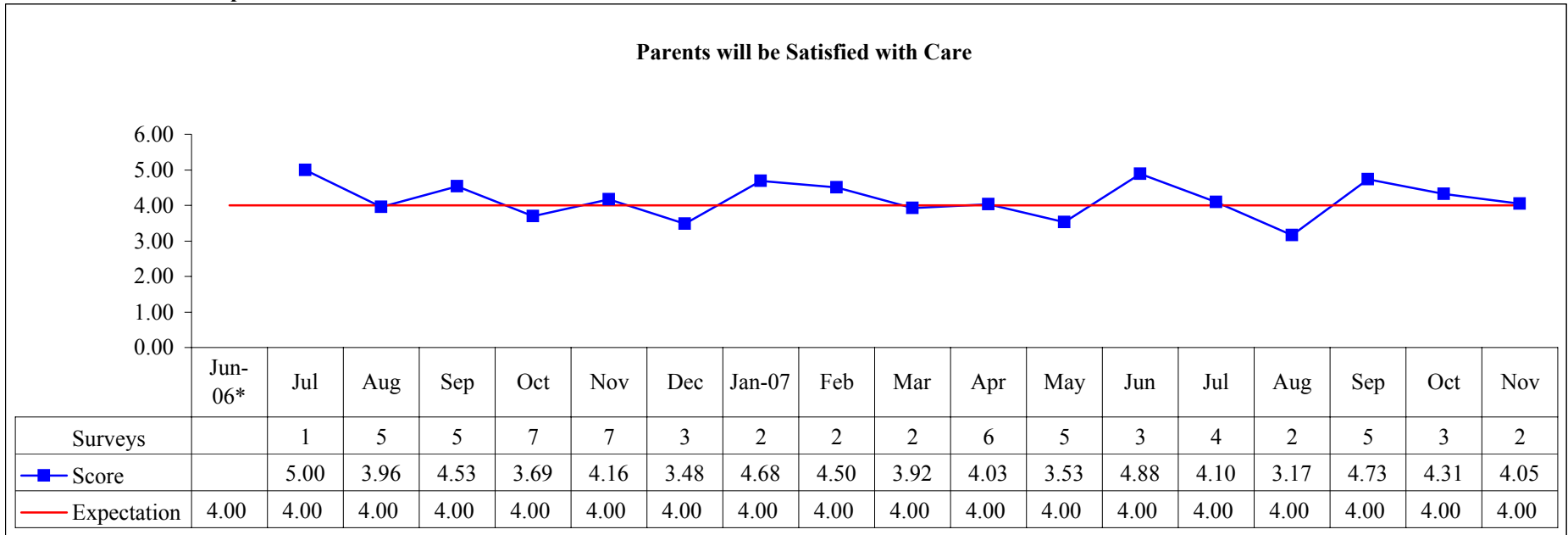
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
El Paso Psychiatric Center



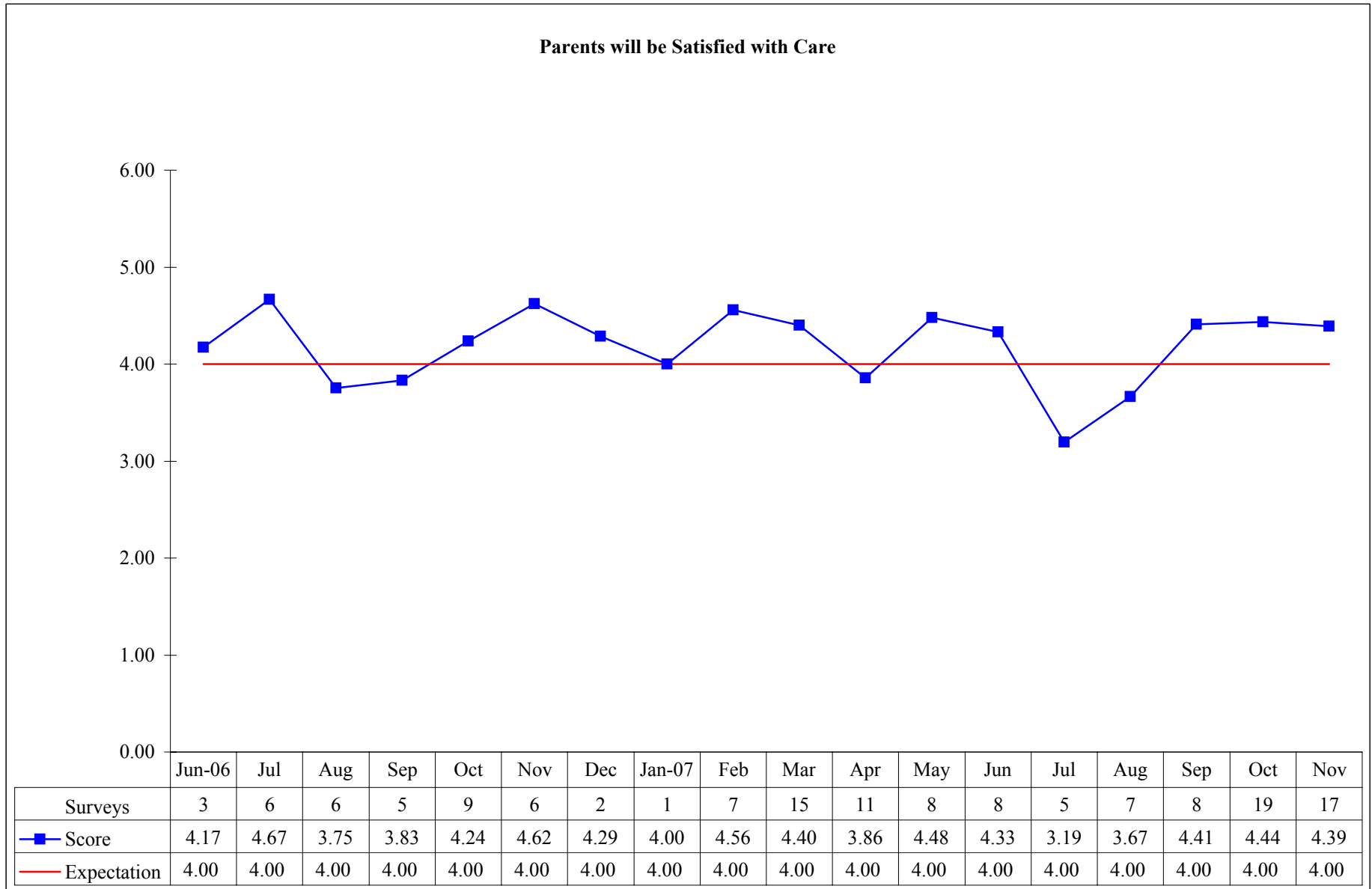
*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
North Texas State Hospital



*No surveys submitted

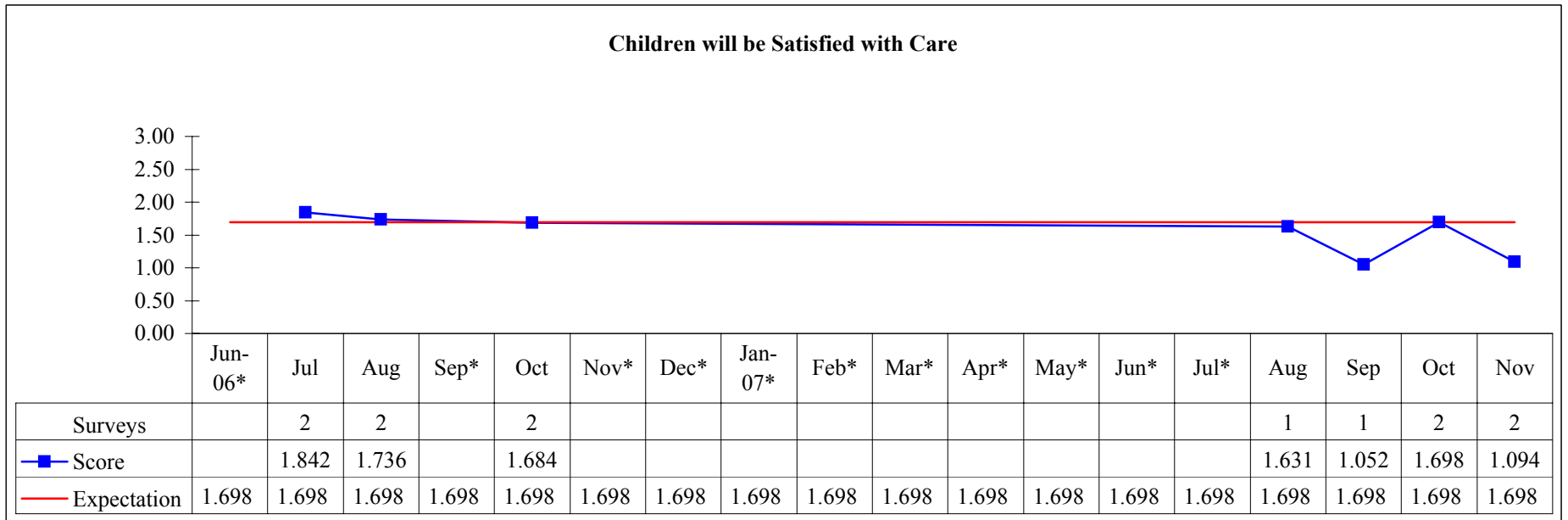
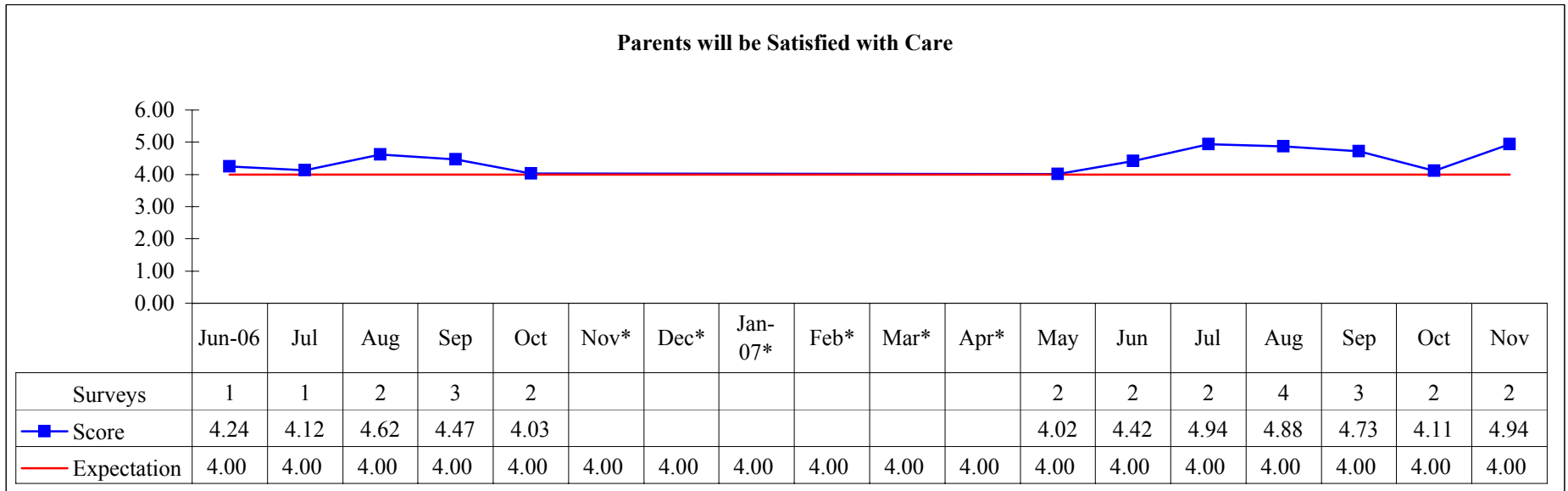
Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
San Antonio State Hospital



Objective 9A - Patient Satisfaction

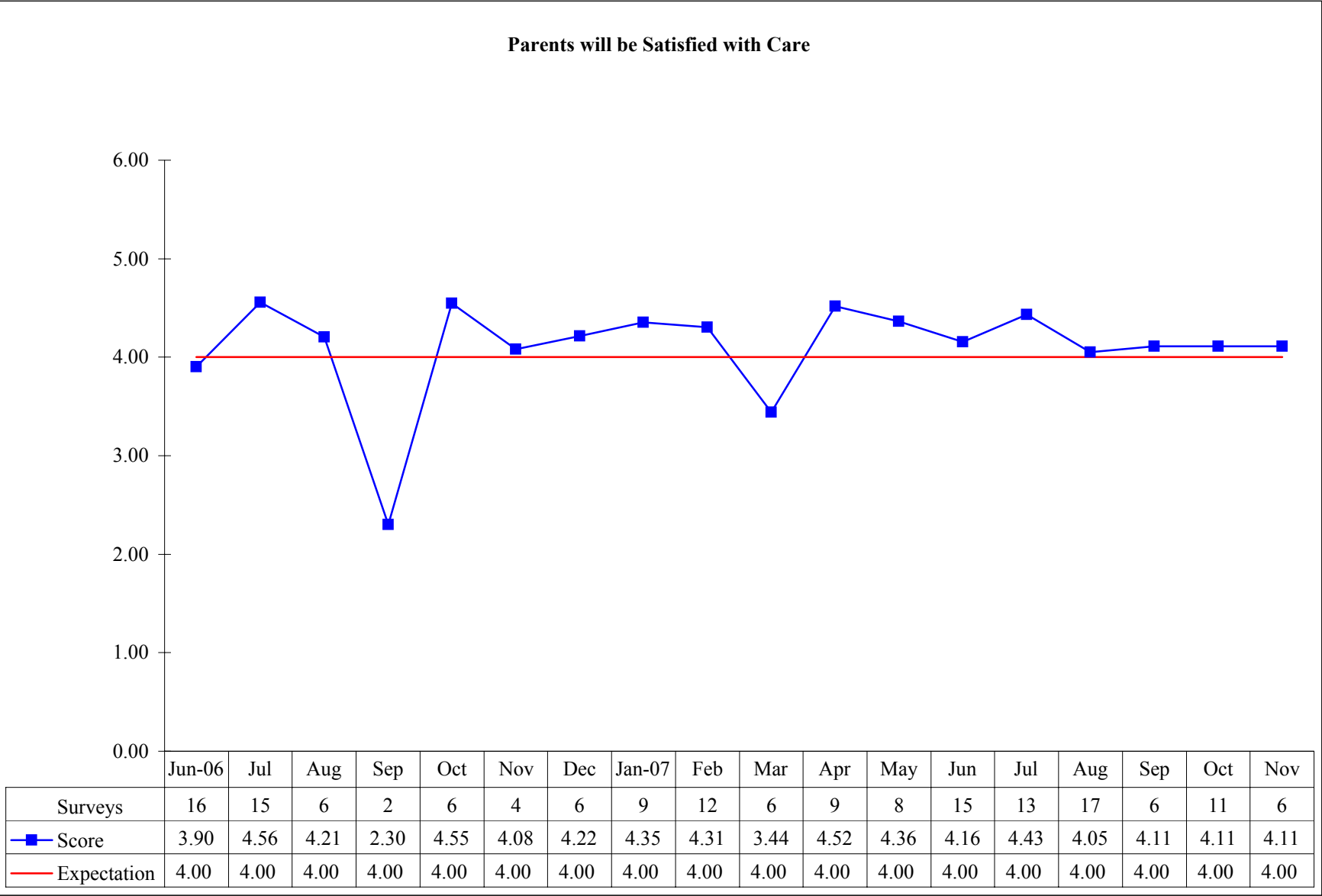
Children and Parents will be Satisfied with Treatment and Safe Milieu

Terrell State Hospital



*No surveys submitted

Objective 9A - Patient Satisfaction
Children and Parents will be Satisfied with Treatment and Safe Milieu
Waco Center for Youth



Performance Objective 9B:

Adults and adolescents will be satisfied with their care at state mental health hospitals as represented by achieving an average score of 3.60 on the NRI Inpatient Consumer Survey (NRI-ICS).

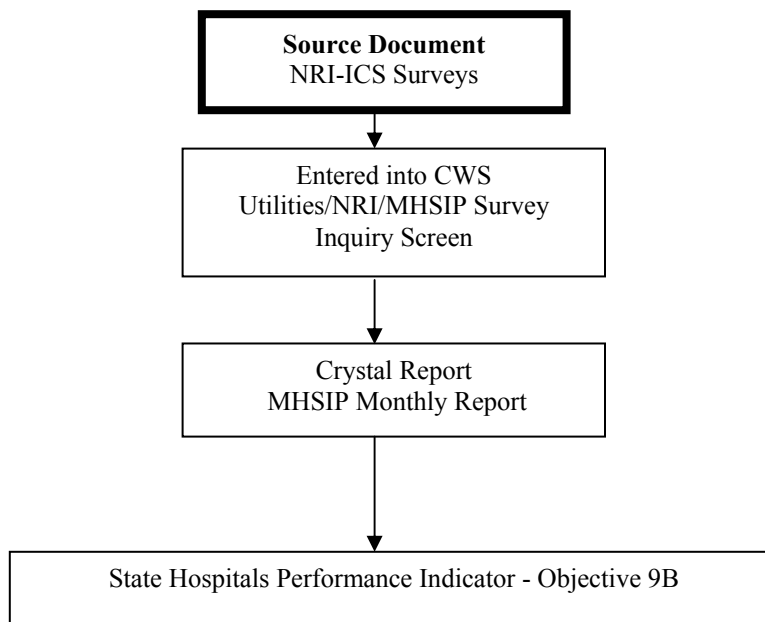
Performance Objective Operational Definition: At least 25% of discharges should be sampled each month for adult and adolescent patients.

Performance Objective Formula: NRI-ICS gives the frequency of response and the percent of total sample on the 5-point Likert scale for the overall score.

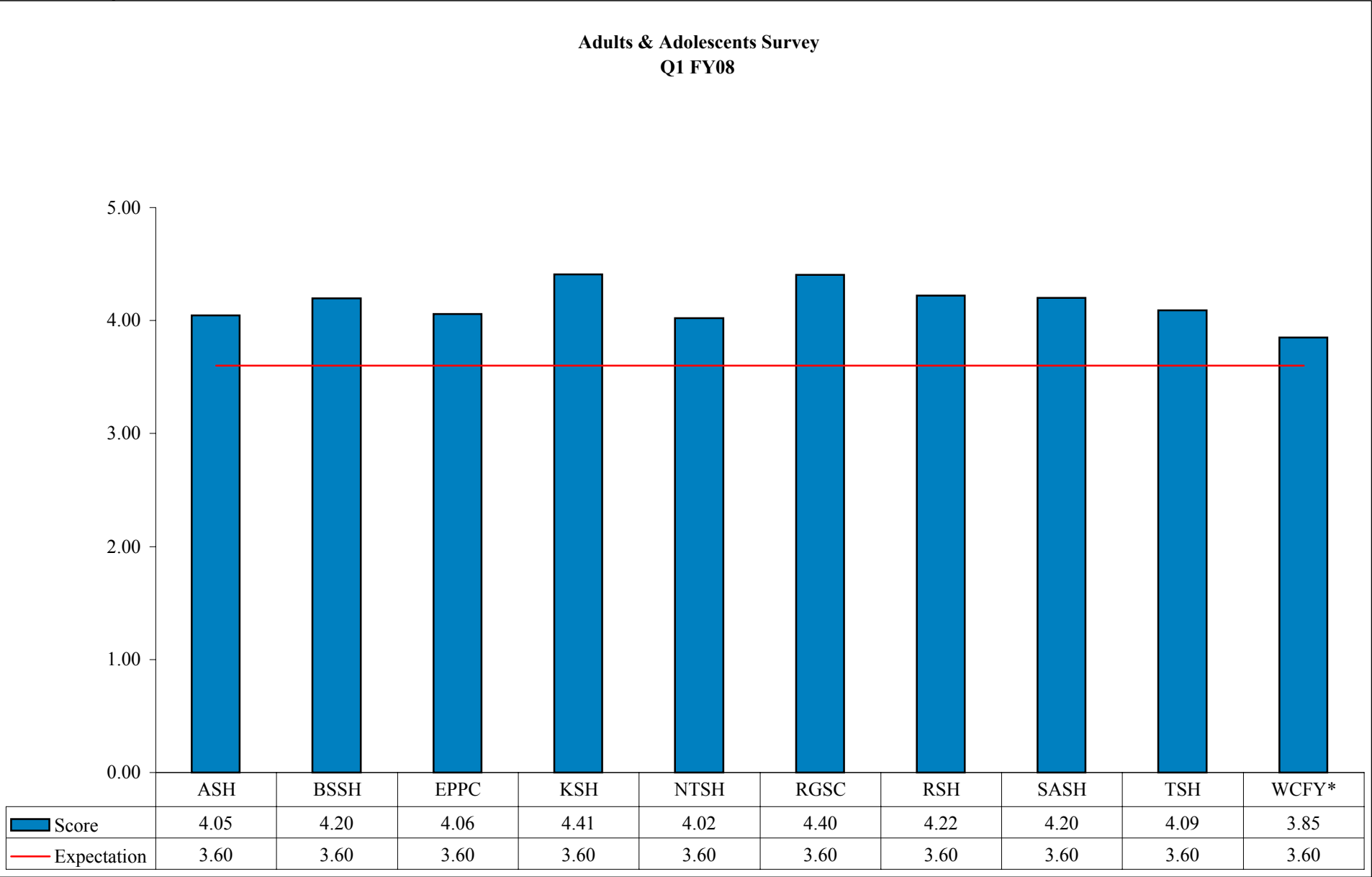
Performance Objective Data Display and Chart Description:

- ◆ Bar chart showing scores for individual state hospitals.
- ◆ Bar chart showing percentages of discharges surveyed for individual state hospitals.
- ◆ Control chart with monthly data points of scores for individual state hospitals and system-wide. Chart shows number of surveys, number of discharges and the percentage of discharges surveyed for individual state hospitals.

Data Flow:

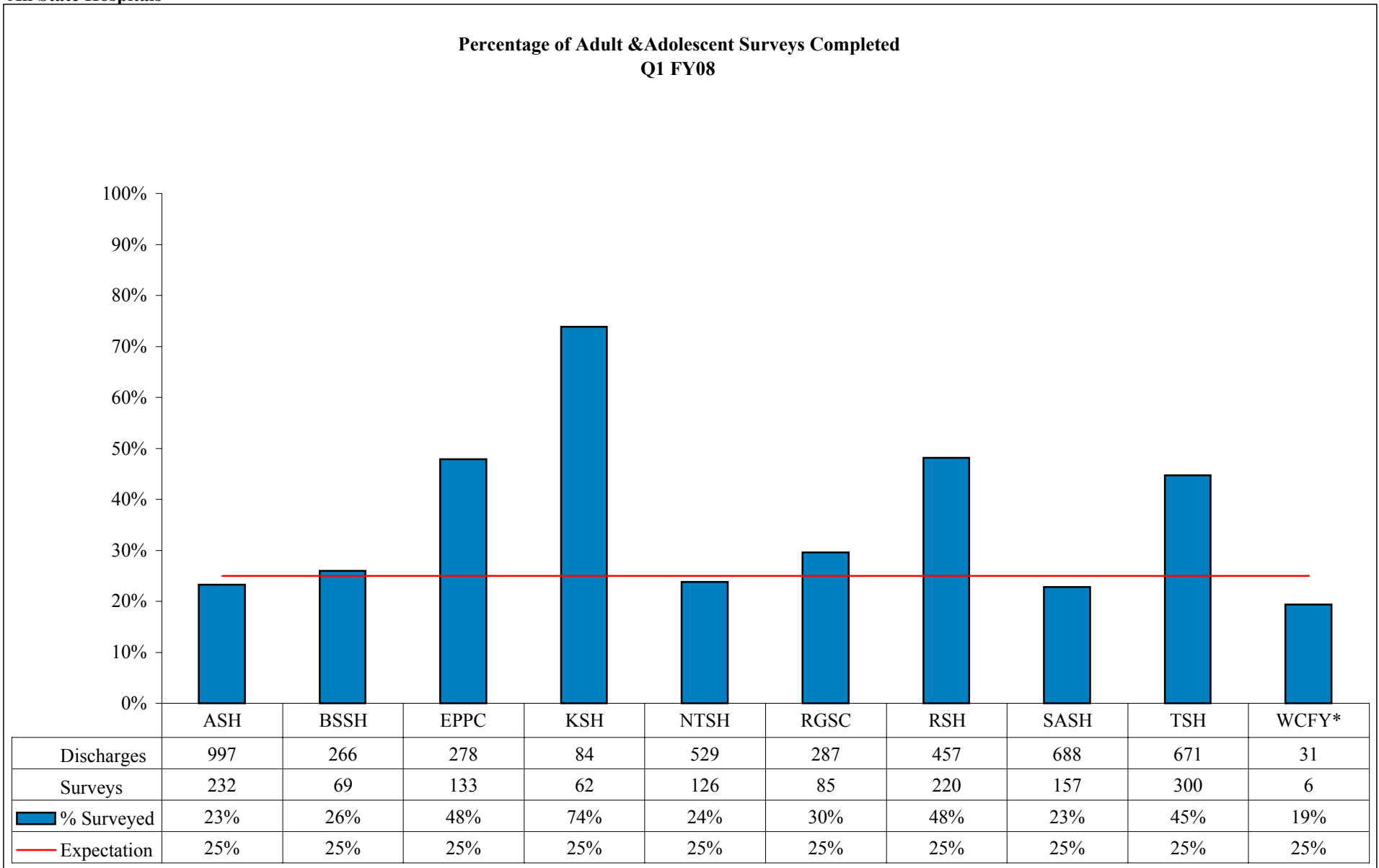


Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State Hospitals



*WCFY - Adolescent Surveys Only
Chart: Hospital Management Data Services

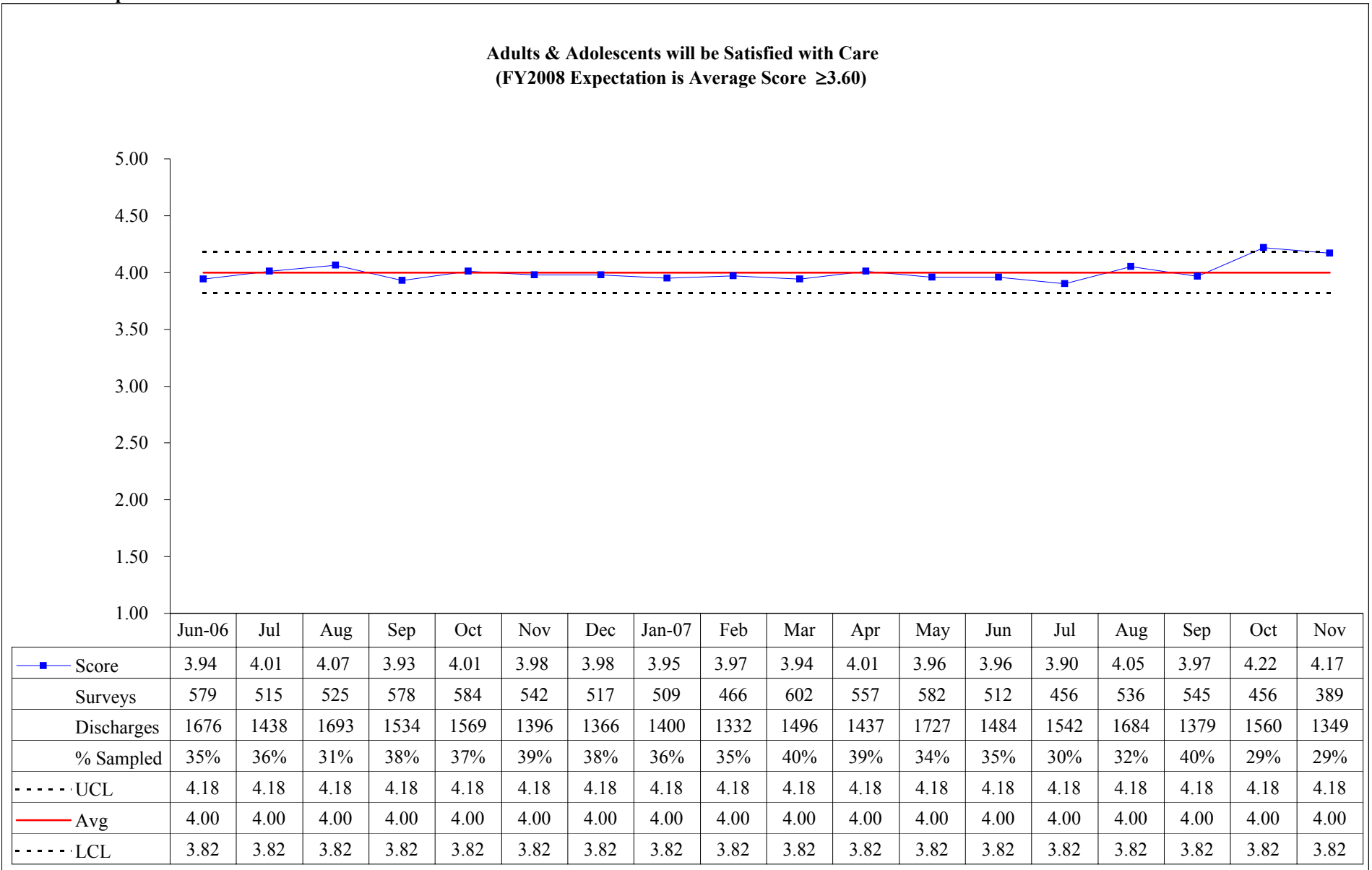
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State Hospitals



*WCFY - Adolescent Surveys Only

Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

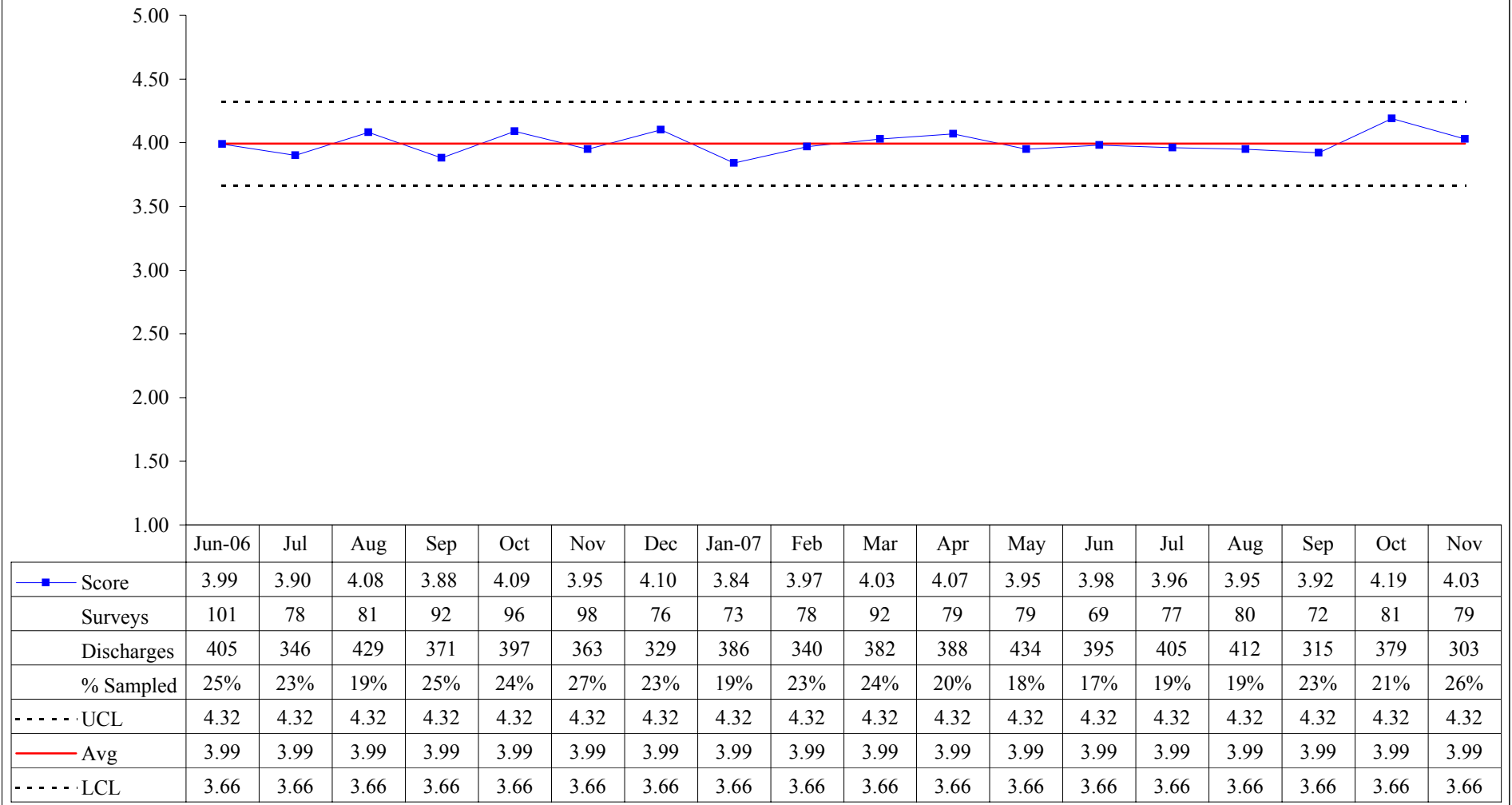
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
All State Hospitals



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Austin State Hospital

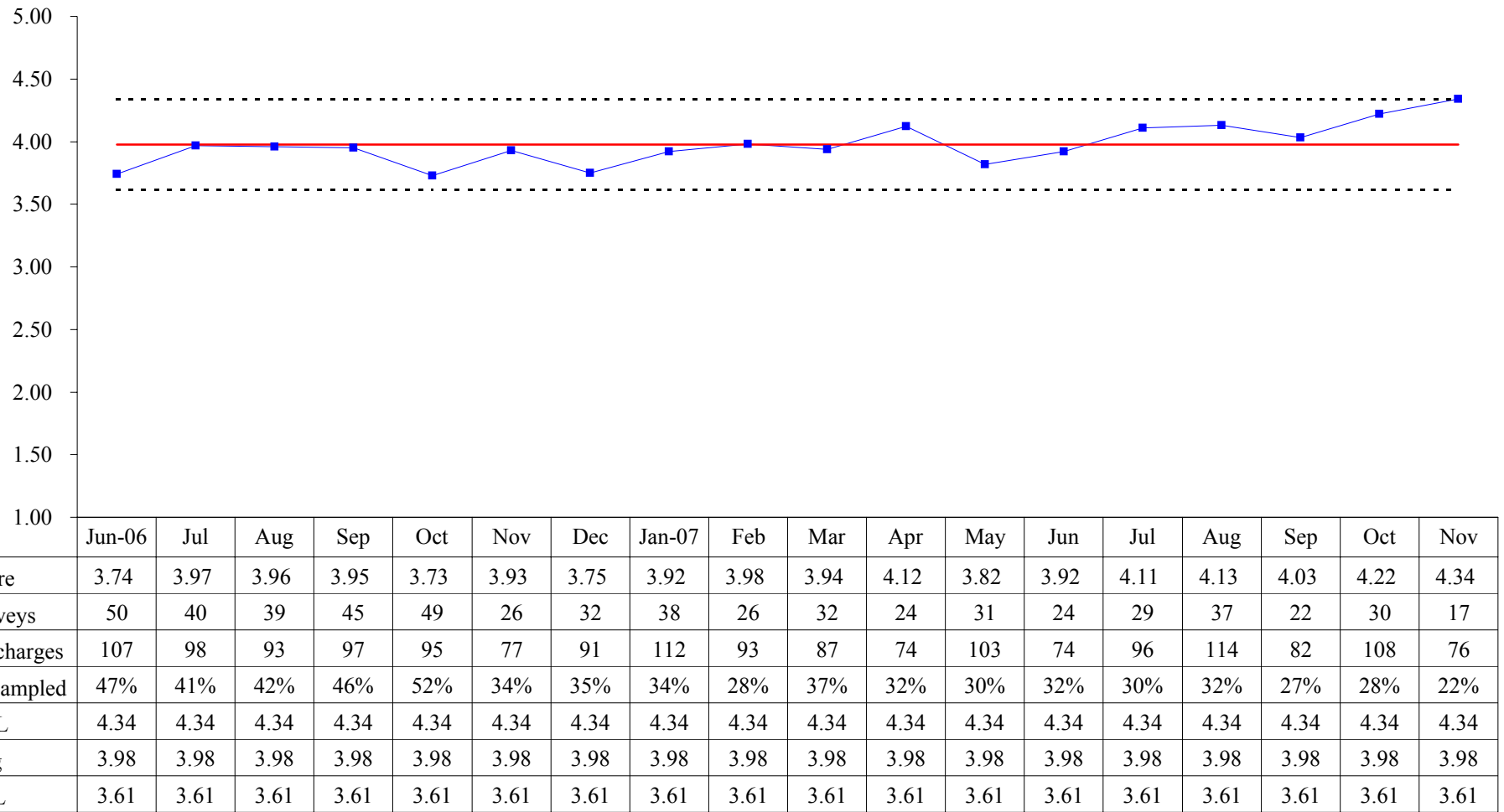
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Big Spring State Hospital

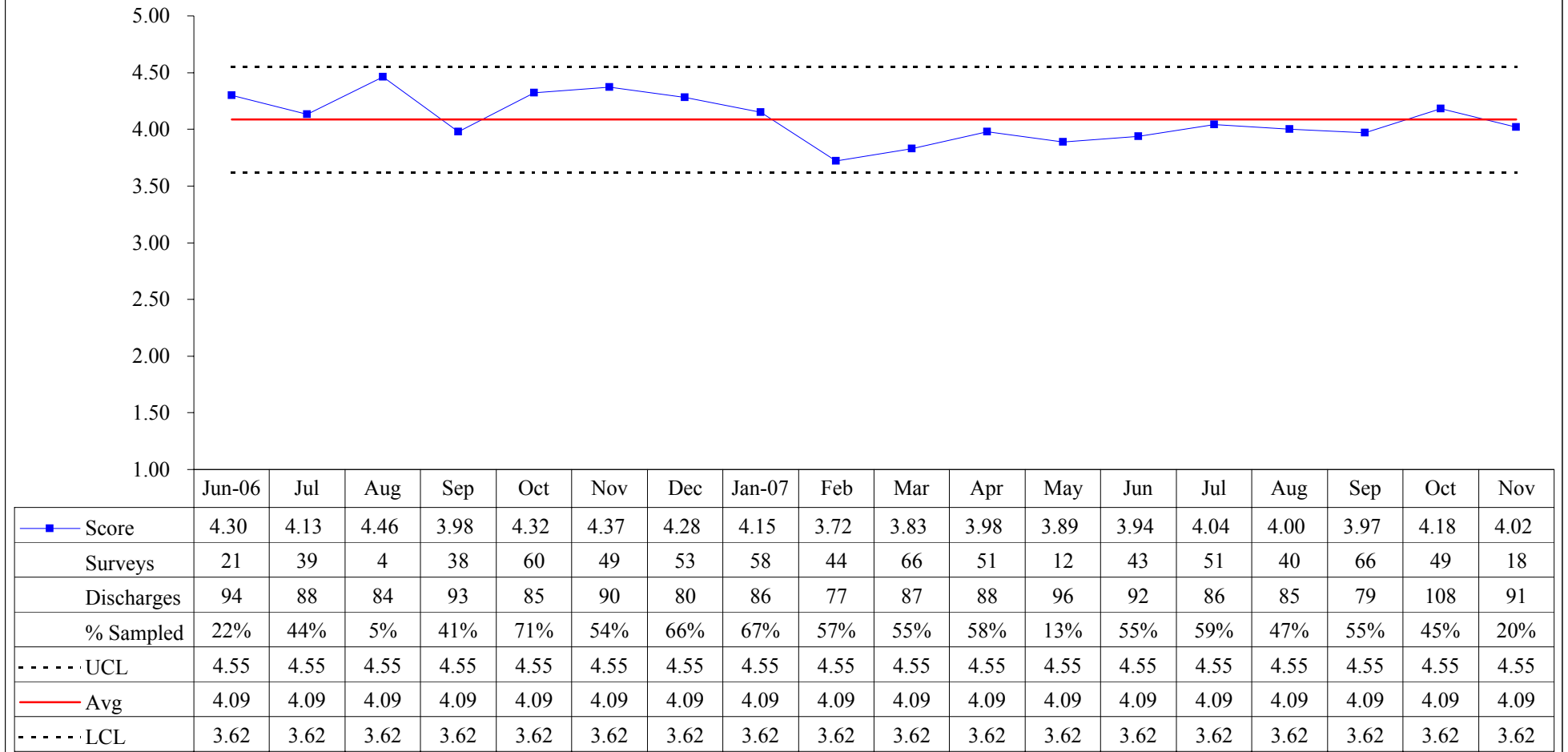
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
El Paso Psychiatric Center

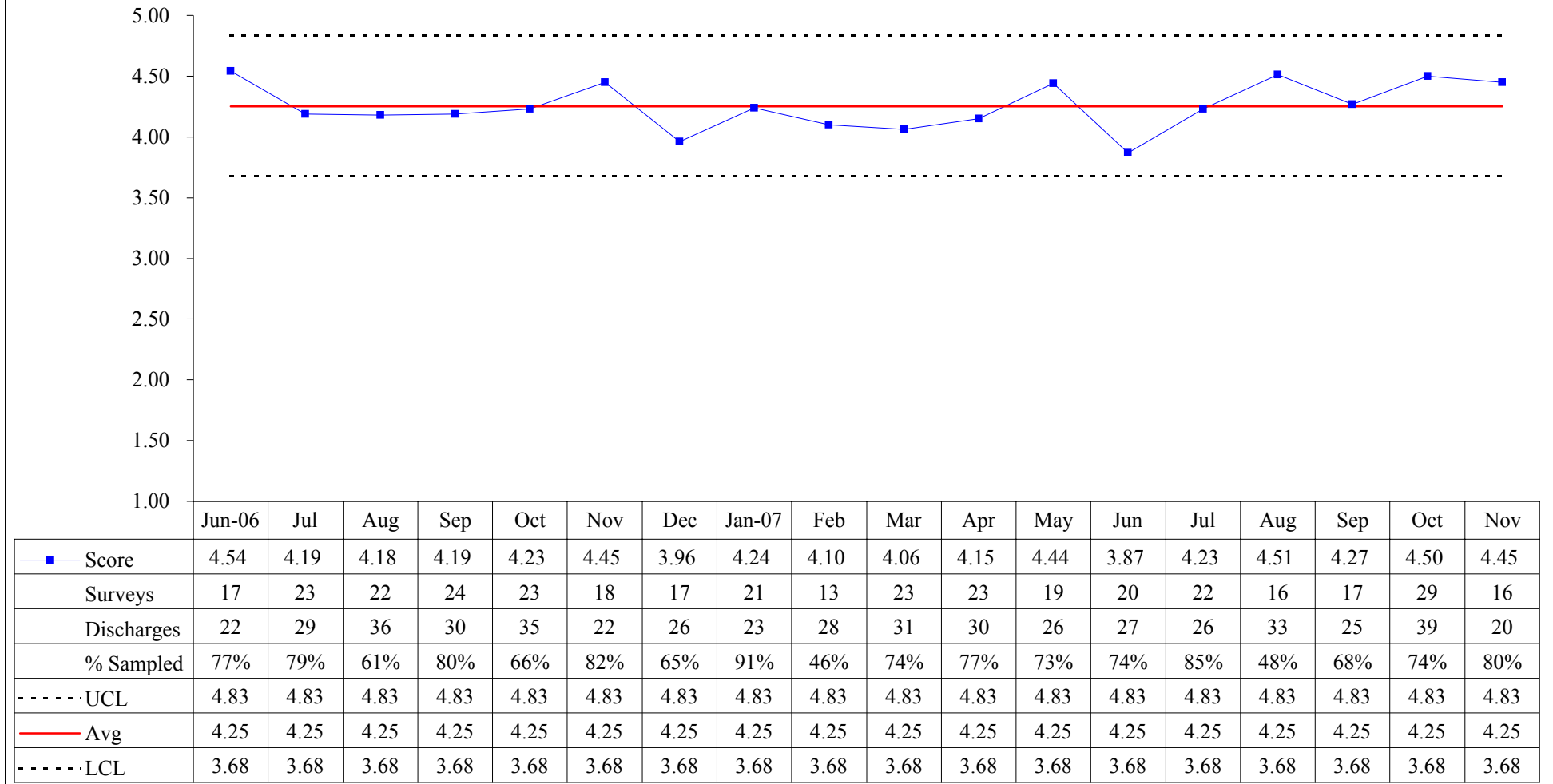
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Kerrville State Hospital

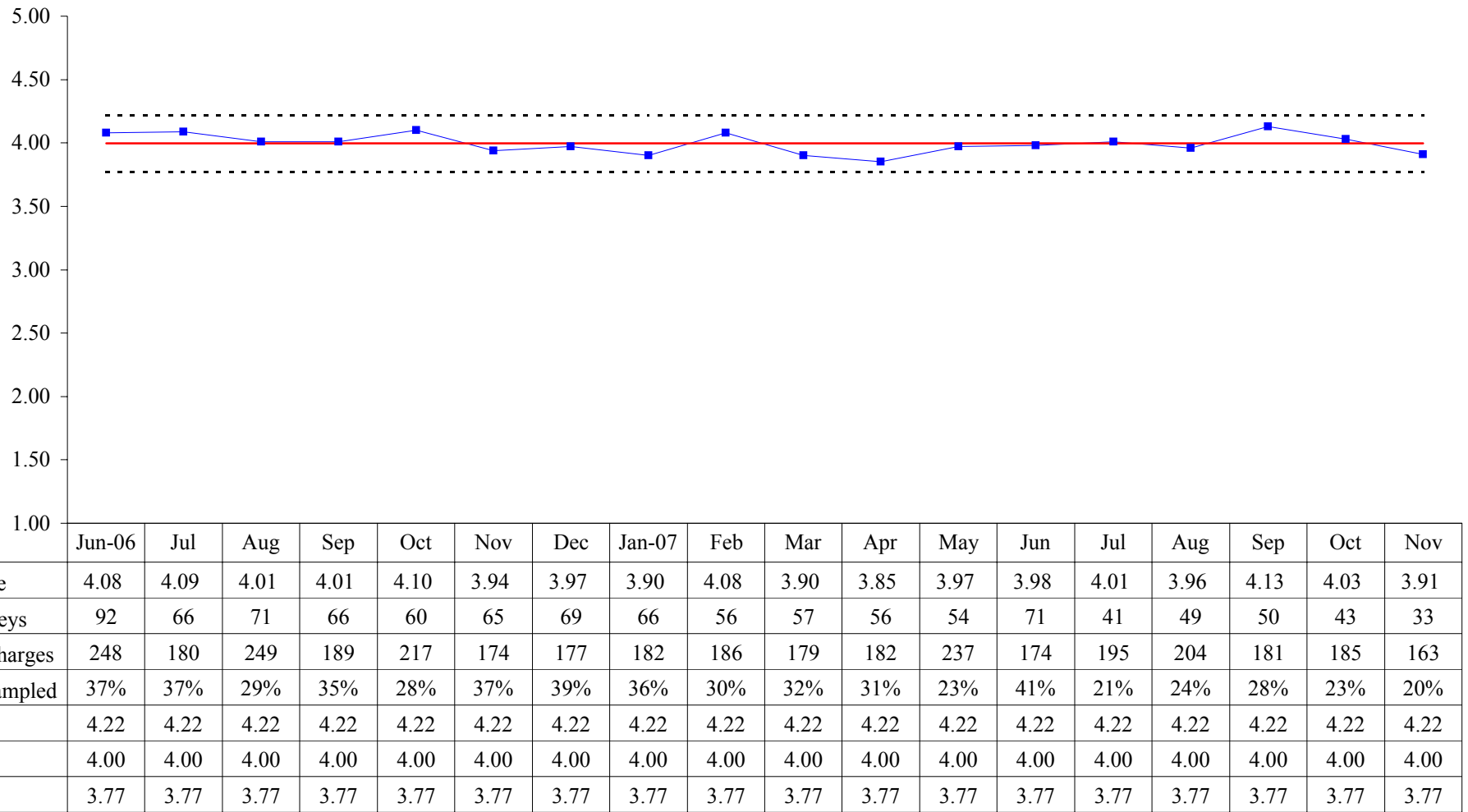
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

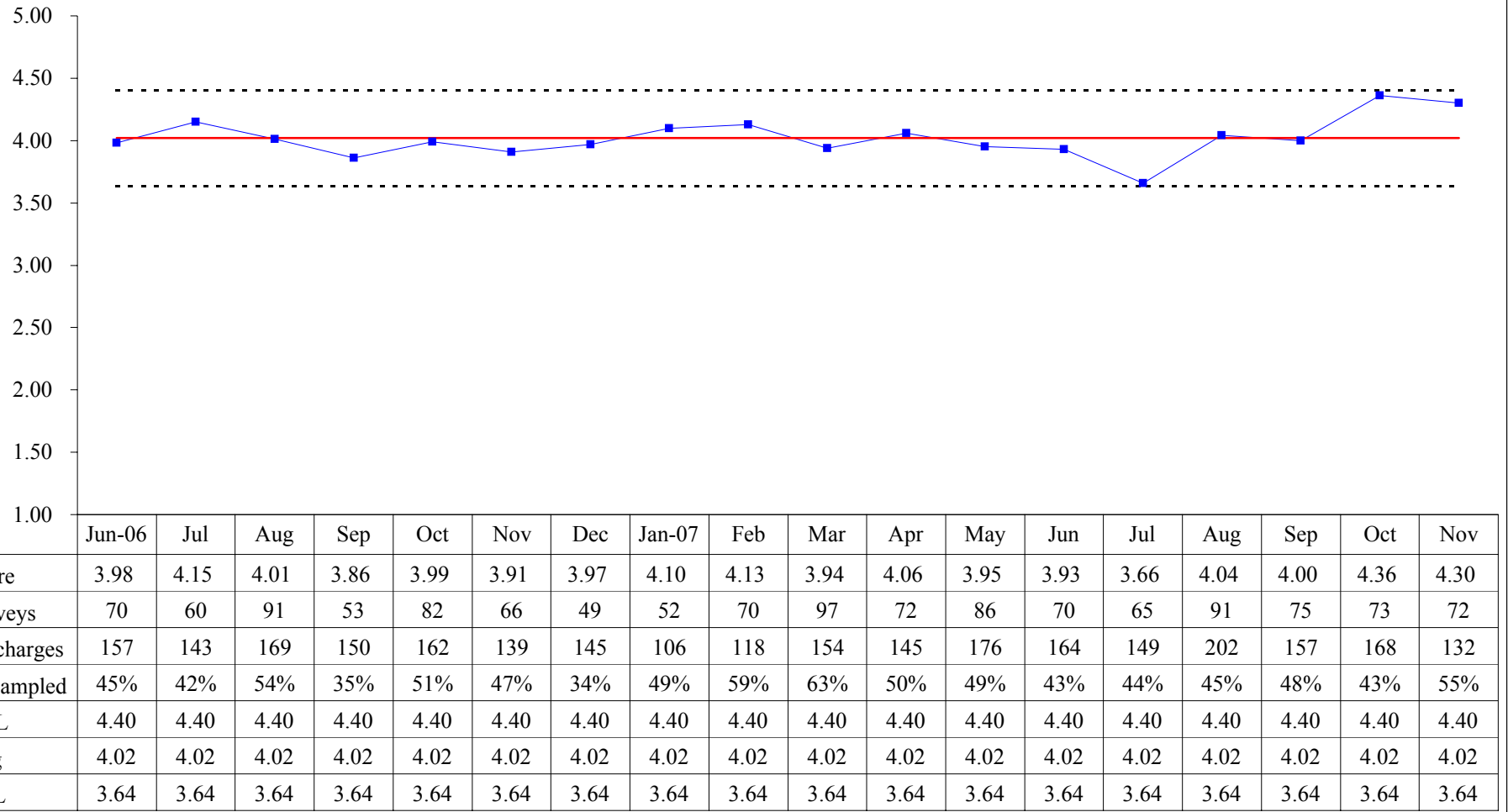
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
North Texas State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



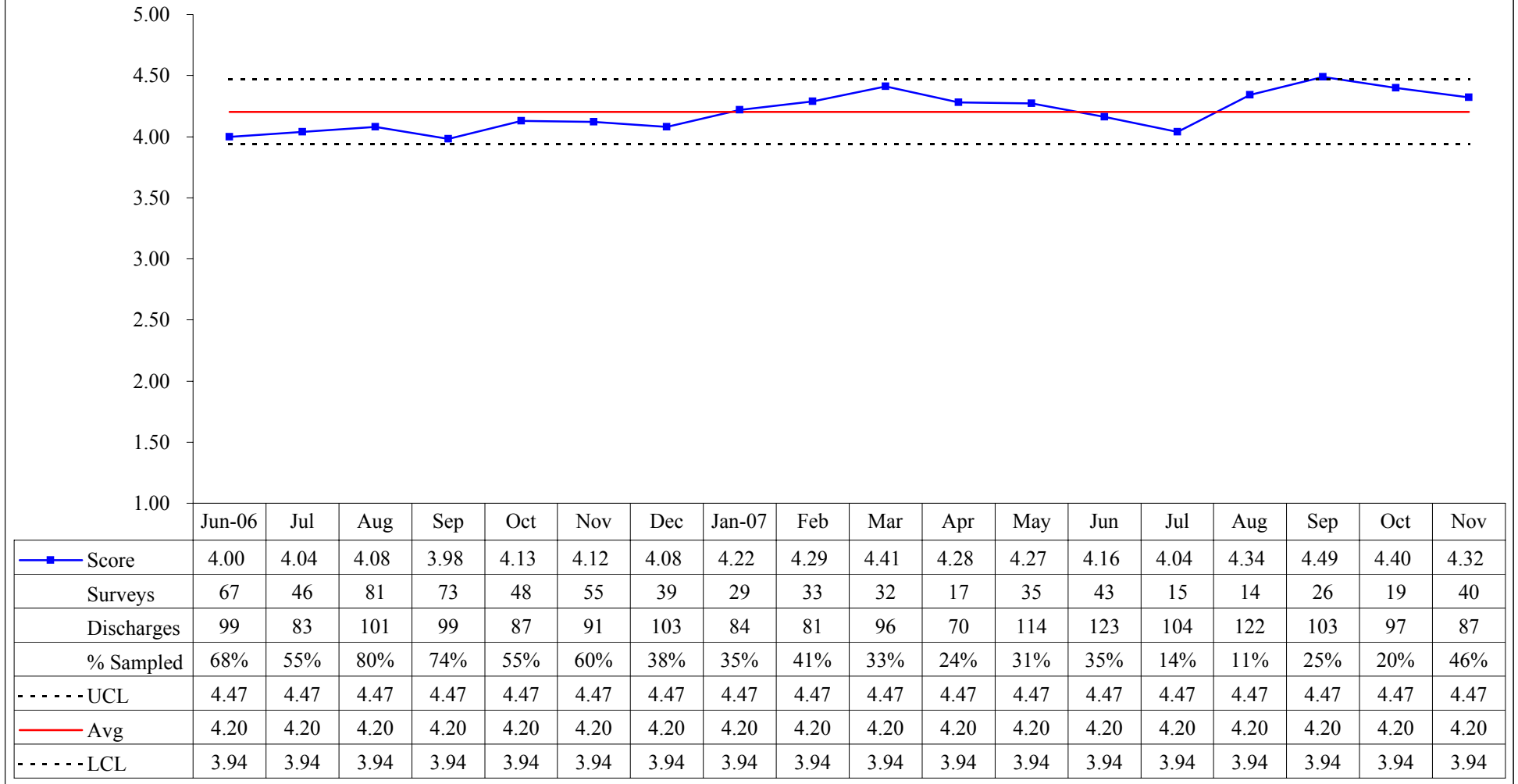
Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rusk State Hospital

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Rio Grande State Center

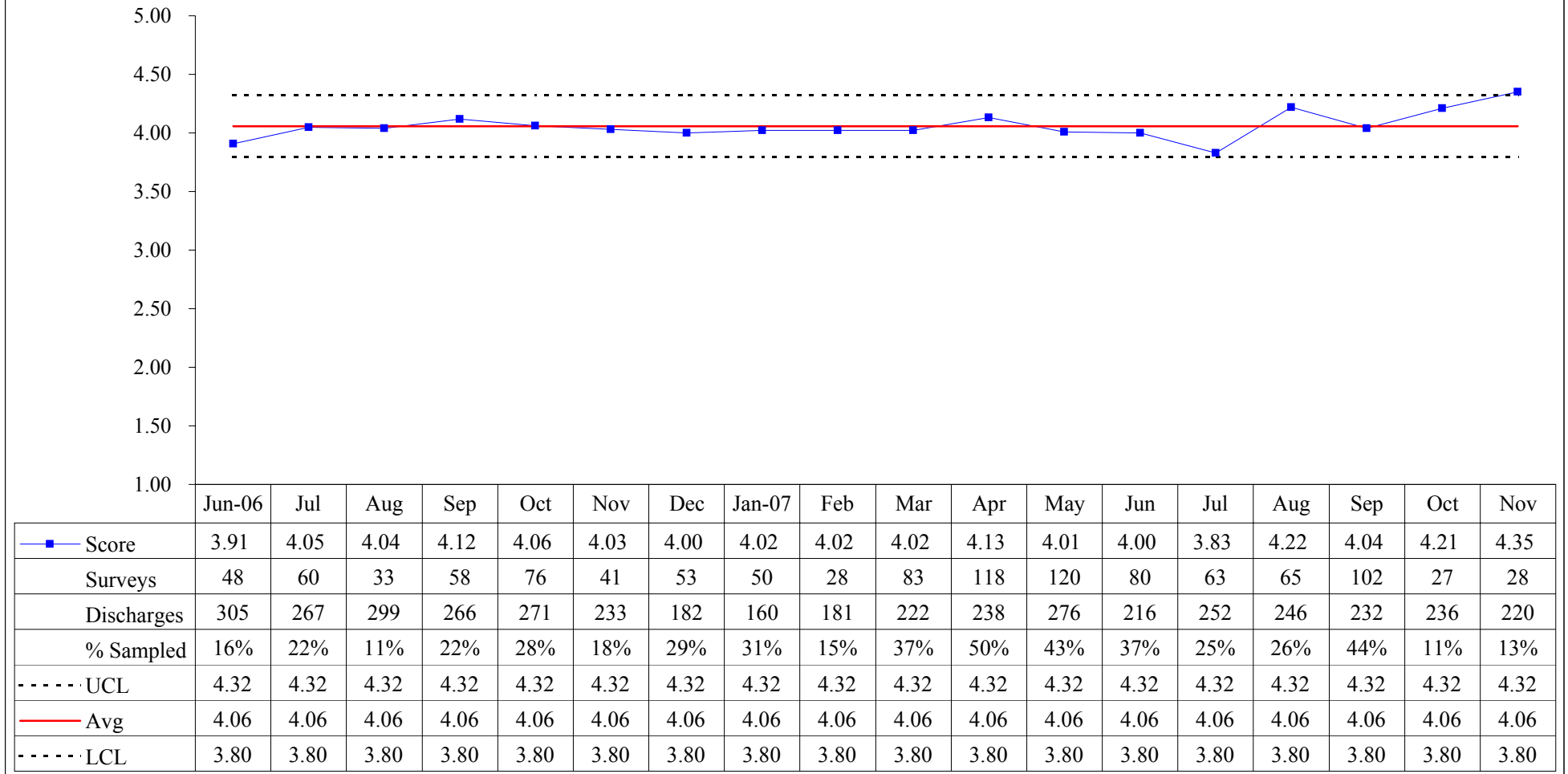
Adults & Adolescents will be Satisfied With Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
San Antonio State Hospital

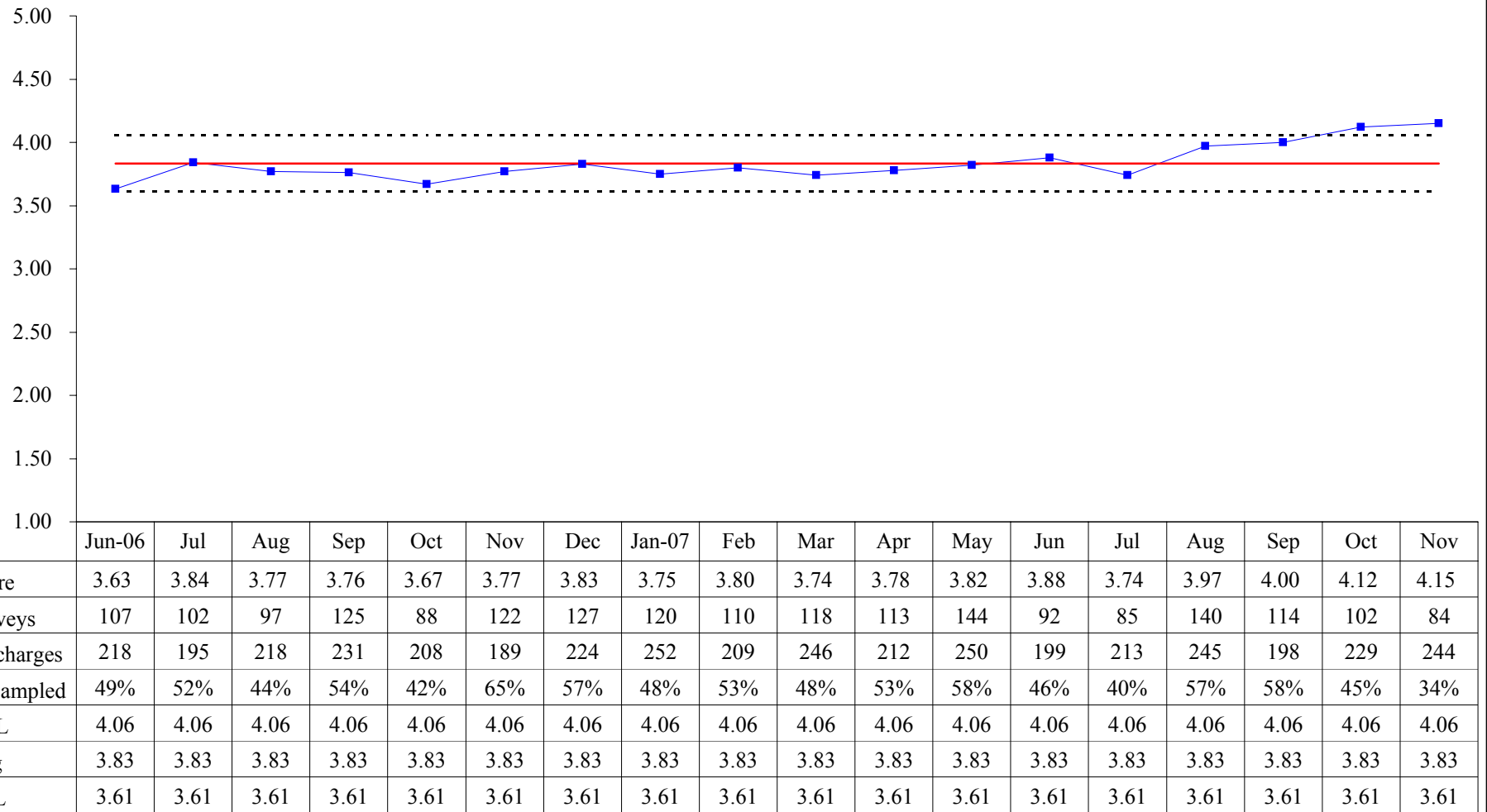
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domain
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Terrell State Hospital

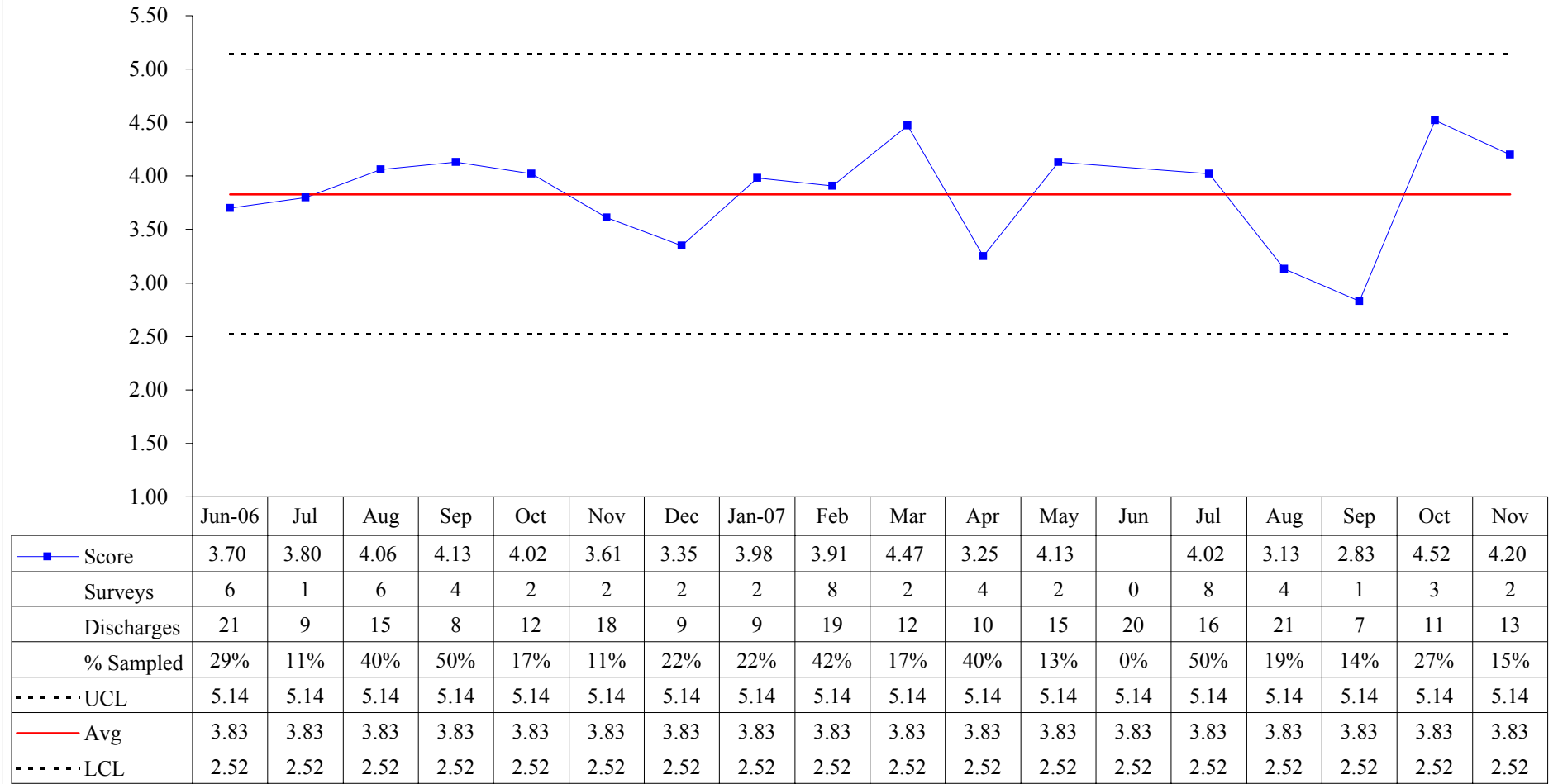
Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 and MHSIP ICS Summary

Objective 9B - Patient Satisfaction
Adults and Adolescents will be Satisfied with Care
Waco Center for Youth

Adults & Adolescents will be Satisfied with Care
(FY2008 Expectation is Average Score ≥ 3.60)



Source: HC022020;
 Crystal Reports: Facility MHSIP ICS Score Analysis by Domai
 and MHSIP ICS Summary

Performance Objective 9F:

Regularly scheduled assessments will be conducted using established criteria and improvement opportunities identified by each state hospital on the Facility Support Performance Indicators.

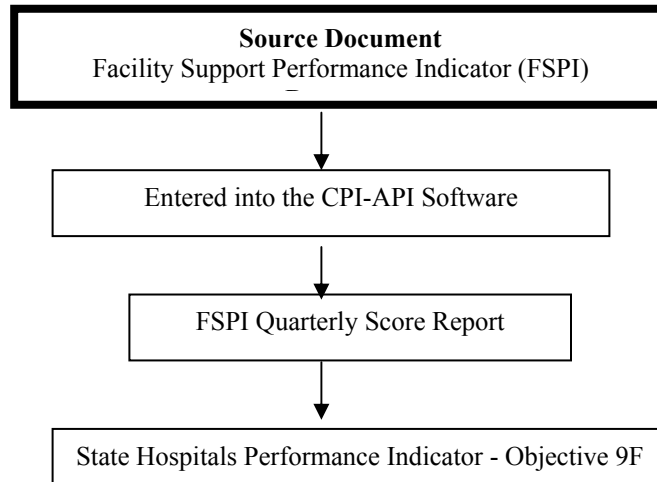
Performance Objective Operational Definition: The state hospital performs the self-assessment once per fiscal year according to the schedule.

Performance Objective Formula: Compliance scores for each instrument are computed as follows: $[(\# \text{ of yes} + \# \text{ of no with justification}) / (\# \text{ of NA} - \text{Contract Facility})] \times 100$.

Performance Objective Data Display and Chart Description:

- ◆ Table shows the assessment score for individual state hospitals and system-wide
- ◆ Chart shows the assessment score for individual state hospitals.

Data Flow:



Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2008

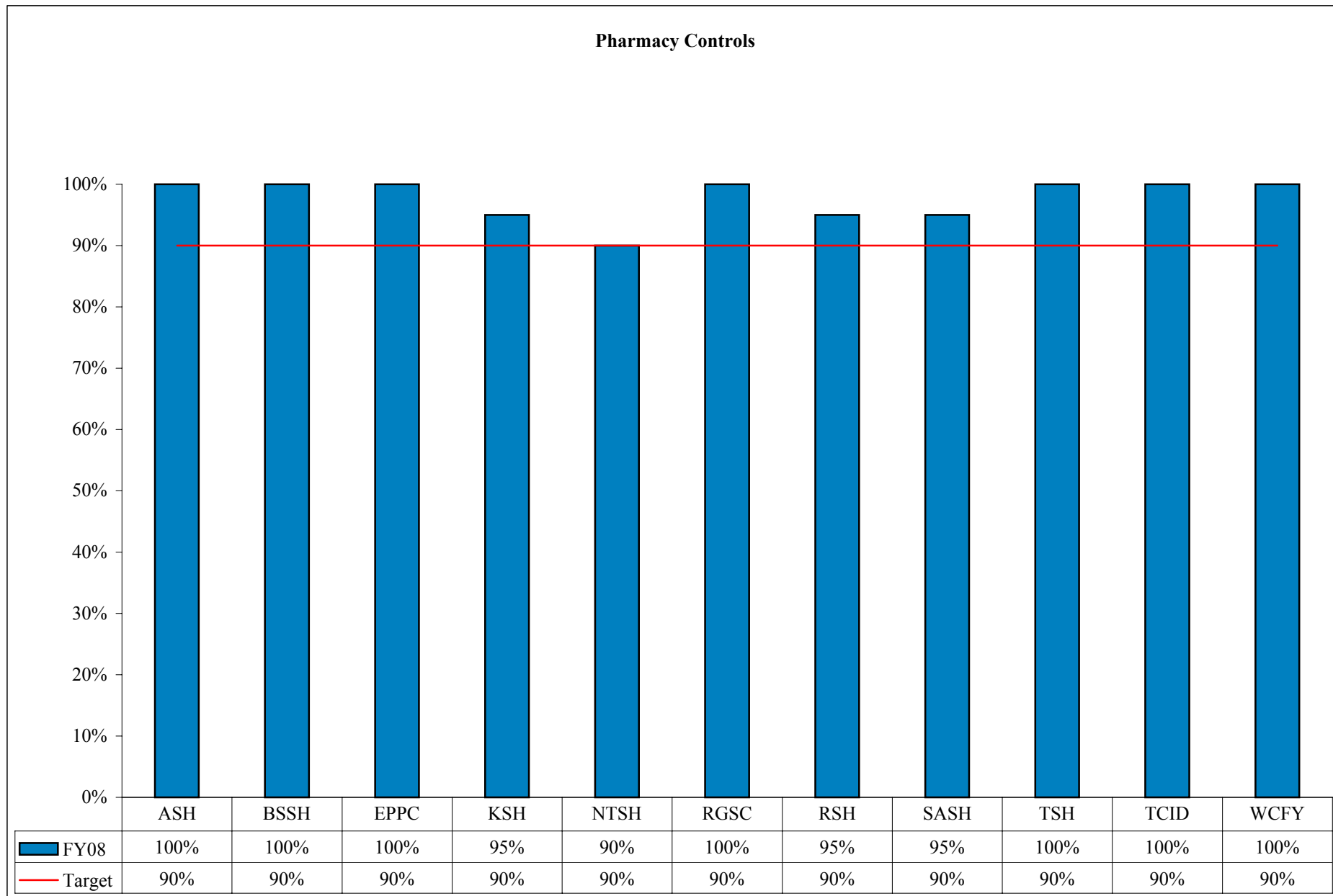
	Q1		Q2		Q3			Q4	
	Pharmacy Controls	Medication Room Controls	Competency Training & Development	Facility Contracts Management	Procurement Card Controls	Accounting	Risk Management - Evacuation Planning	CAFM	Risk Management - Lockdown Procedures
Compliance Target	90%	90%							
State Hospital Totals	98%	94%							
Austin State Hospital	100%	100%							
Big Spring State Hospital	100%	100%							
El Paso Psychiatric Center	100%	100%							
Kerrville State Hospital	95%	89%							
North Texas State Hospital	90%	90%							
Rio Grande State Center	100%	100%							
Rusk State Hospital	95%	90%							
San Antonio State Hospital	95%	90%							
Terrell State Hospital	100%	100%							
Texas Center for Infectious Disease	100%	100%							
Waco Center For Youth	100%	75%							

*CF = Contract Facility

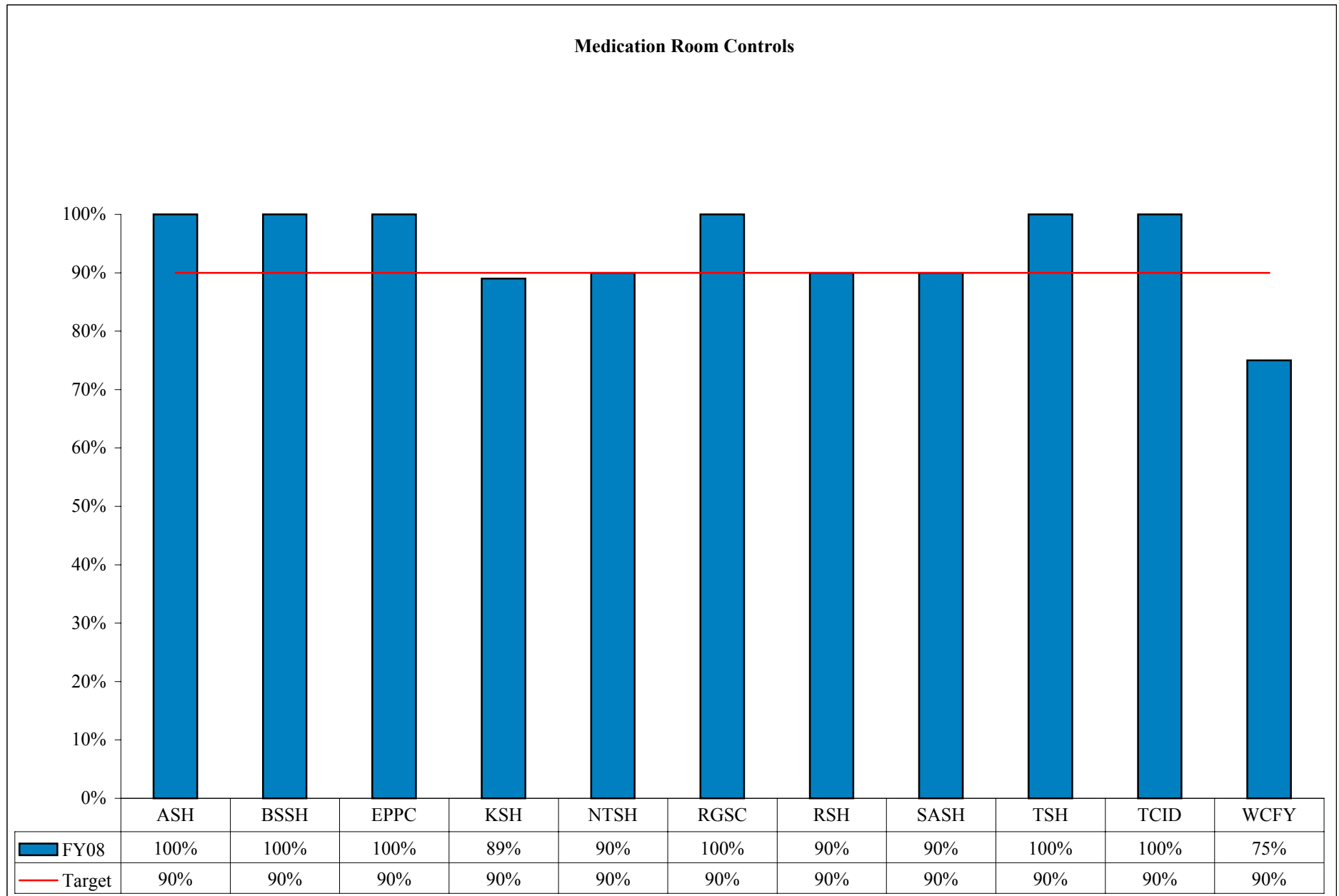
Chart: Hospital Management Data Services

Source: QSOAPI Intranet Software

Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2008
Pharmacy Controls



Objective 9F - Facility Support Performance Indicators
All State Hospitals - FY2008
Medication Room Controls



Texas Center for Infectious Disease (TCID) Data Sheet - FY08

		Q1	Q2	Q3	Q4
M 1 A	Average Cost Per Patient	\$75,483			
M 1 B	Average Cost Per Bed Day	\$513			
M 1C	Average Daily Census	36			
O 2A	Number of Abuse/Neglect Allegations	1			
O 3A	Number of Patients Restrained	0			
O 4A	Number of Medication Errors	7			
M 5A	Number of New Patients to System	19			
O 6C & O 6F	Number of Employee Injuries	7			
O 6C	Number of Employee Injuries Resulting in a WCC	4			
O 6E	Number of Employee Injuries Associated with Restraint/Seclusion	0			
O 6D	Number of Patient Injuries during Restraint	0			
O 6F	Number of Unauthorized Departures	1			
M 6A	Facility Healthcare Associated Infection Rates	10			
M 6B	Number of Patient Injuries	6			
O 9B	Number of Patient Satisfaction Surveys Completed at Discharge	9			

Appendix B - Control Chart Analysis

Starting with the 1st Quarter FY99 Performance Indicator Books, control chart upper and lower control limits are being included in some of the performance indicator graphs. The purpose of this paper is to answer the following questions:

- Why use control charts?
- What information does control charts provide?
- What kind of control chart is used and what is the formula?
- Can control chart analysis be applied to other data as well?

Why use control charts?

One reason to start using control charts is because the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is going to use that methodology to analyze our data. Through the ORYX initiative, the JCAHO will use two types of analysis on the data we will be transmitting to them; control chart analysis and comparative analysis. JCAHO will apply control chart analysis starting with the two initial indicators we will be transmitting to them by the 1st calendar quarter of 1999 for data collected during the 3rd calendar quarter 1998. That gives us a six month advantage on analyzing our data using control charts, before JCAHO does the same. We need to be prepared. Also, during recent JCAHO site visits, we have been "encouraged" to provide more analysis of the data we present. Control chart interpretations and analysis provides a good framework for doing exactly that.

Another reason for analyzing data with control charts is because it is the right thing to do in order to understand variation in data. Even more important, if action is to be taken because of what signals the data is sending, then we need to be prepared to take the RIGHT action.

No matter what the process, no matter what the data, *all* data display variation. Any measure that is of interest to governing body will vary from time period to time period. The reasons for the variation are many. There are all sorts of causes that have an impact on the process measured. For example, how many causes or reasons can be thought of for client injuries? How many causes for client abuse and neglect? The processes and systems we measure could be subject to dozens, even hundreds, of cause-and-effect relationships. This means it is easy to come up with a reason for the current value (or any value), but it also means it is very difficult to know if the explanation is even close to being right. If you ask for an explanation for any one incident, you will receive at least one of the possibly hundreds of causes. Even if you are successful in correcting that one cause, there is a very good chance you will have negligible impact on the system. In fact, you run a high risk of making things worse.

A major issue is that we may be uncertain of our explanation or cause. But what is there to do about it? How can we interpret the current value when the previous values are so variable? One good proven approach is using statistical process control or control charts. We must use them to insure correct explanation and therefore improve our chances of choosing the correct remedy or course of action.

What information does control charts provide?

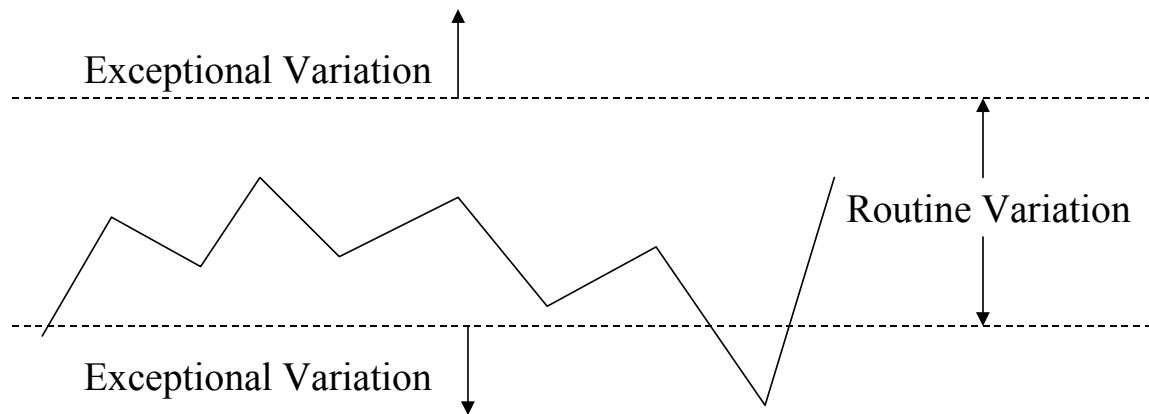
The key to understanding what information control charts provide is to make a distinction between two types of variation. The first type of variation is routine variation. It is always present. It is unavoidable. It is inherent in the process. Because this type of variation is routine, it is also predictable. The second type of variation is exceptional variation. It is not always present. It is not routine. It comes and goes. Because this type of variation is exceptional variation, it is unpredictable.

The first benefit of this distinction is that it provides a way to know what to expect in the future, which is the essence of management.

While every process displays variation, some processes display predictable variation, while others display unpredictable variation.

Don Wheeler, Building Continual Improvement.

So how do we put these concepts into practice? We need a way to detect the presence of exceptional variation. Then we can characterize our processes as being predictable or unpredictable. In order to obtain signals of exceptional variation we will compute limits for the running record of our data. As shown below, the idea is to establish limits that will allow us to distinguish between routine variation and exceptional variation.



If we compute values that place the limits too close together we will get false alarms (or false signals) when routine variation causes a point to fall outside the lines by chance. This is the first type of mistake we could make. We could avoid this mistake entirely by computing the limits that are too far apart.

But if we have the limits too far apart we will miss some signals of exceptional variation. This is the second type of mistake we could make. We can minimize the occurrence of this mistake only by having the limits close together.

The trick is to strike a balance between the consequences of these two mistakes, and this is exactly what Walter Shewhart did when he created the control chart. Shewhart's choice of limits will bracket approximately 99% to 100% of the routine variation. As a result, whenever you have a value outside the limits you can be reasonably sure that the value is the result of exceptional variation.

The variation within the control limits will be predictable and have many cause-and-effect relationships. When a process displays unpredictable variation, then the variation must be due to the many predictable common causes *plus* some *additional* causes. Since the sum is unpredictable, we must conclude the unpredictable causes dominate the common cause variation. What this means is, **we must investigate the unpredictable causes first**. Shewhart called these unpredictable dominant causes assignable causes. Deming and others call them special causes and the predictable common cause variation as being systemic causes. Systemic in the sense that the causes are inherent and predictable in the process under scrutiny and that they will remain as causes producing the predictable variation as long as the system goes unchanged.

Therefore, with this knowledge of what produces the measure or process variation, the correct actions can be taken. Actions should address unpredictable or special causes first. This is usually referred to as problem solving or "fighting fires". It is necessary and is important to understand and "fix" the special causes first. If unpredictable or special causes are not corrected first, there is a very high probability that the wrong actions will be taken. Changing a major portion of the process would be premature and could even make things worse (a.k.a. tampering). For example, suppose that one person on a living unit makes a mistake that produces a sudden rise in medication errors. The action taken is a reprimand is issued to everyone to pay close attention to medication errors and prevent them in the future. Many people who have been doing a good job, become demoralized or upset over being indirectly accused of errors. The action was taken on the system as a whole instead of uncovering the exceptional cause of the sudden increase in medication errors.

If no evidence of exceptional or unpredictable or special cause is seen in the control chart, then what action should be taken? The process is predictable or "in control". Should no action be taken? If, for example, the control chart shows that the system is predictably producing 20 injuries a month and that there is no special causes evident, then should nothing be done? Of course something should be done. Action or remedies to reducing and preventing injuries should concentrate on systemic causes, that is, causes inherent in the system producing the injuries. The injuries are not wanted, but nevertheless, are being produced consistently and predictably. The injuries that will be produced predictably in the future, unless action is taken in first finding the significant systemic causes and then taking action on those causes and finally measuring the effect of the actions in relation to reducing or eliminating the problem, in this case injuries.

Thus the path to process improvement depends upon what type of variation is present. This is the essence and value of using control chart to understand and analyze the variation present.

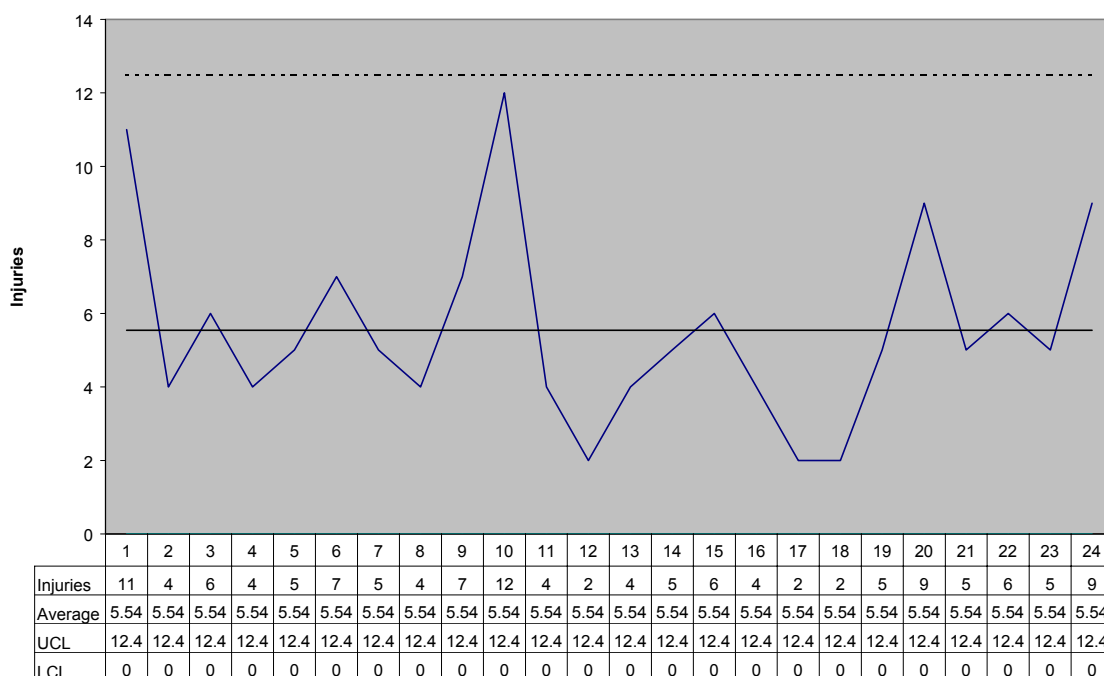
- If a process displays predictable variation, then the variation is the result of many common causes and it will be a waste of time to look for assignable causes. Improvement will only come by changing a major portion of the process.
- If a process displays unpredictable variation, then in addition to the common cause variation there is an extra amount of variation that is the result of one or more assignable causes. Improvement will come by finding and removing the assignable causes. Changing a major portion of the process will be premature.

One additional point about control charts is vital. Control charts *do not show specifications* for a process. They do not show targets or goals. They do not show the voice of the customer. Control charts show the voice of the process. They let us see how the process or system is currently working and detect signals that guide us in improving the process or system. They do not show how the process or system *should be* working. For example, the customer may want client injuries below last year's injuries. Maybe management wants injuries to be reduced 20 percent. These two examples are goals or statements related to the voice of the customer. The control chart shows what the system is currently capable of producing if it stays unchanged. The current system can be compared to what the customer wants. To meet the voice of the customer, a plan of action is necessary with measurements to indicate how the voice of the process is meeting or moving towards the voice of the customer.

What kind of control chart is used and what is the formula?

The control limits in the control charts in the performance measurement book will use a basic process behavior chart called the XmR chart. The XmR chart is also known as the chart for individual values and a moving range. Let us look at some example monthly injury data plotted in a XmR chart. Here is how the chart looks.

The XmR Chart for Monthly Injuries



Below the chart is a table showing the example injury data by month. There are 24 months of injuries shown and the average number of injuries is 5.54. We show this value as a central line for the plot. The use of a central line provides a visual reference to use in looking for trends in the values. No trend is seen in these injury values. In order to compute the upper control limits (UCL) and the lower control limits (LCL) which will filter out the noise of the routine variation, we will need to measure the routine variation. To do this we will compute moving ranges for the injury data. The moving ranges are the differences between successive values. The following table shows the moving range values for each of the 23 months. Note that the first month's moving range cannot be calculated so it is left blank. The number of moving range values is always N-1.

Month	Injuries	Moving Ranges	UCL	LCL	LCL
1	11		12.48	-1.40	0
2	4	7	12.48	-1.40	0
3	6	2	12.48	-1.40	0
4	4	2	12.48	-1.40	0
5	5	1	12.48	-1.40	0
6	7	2	12.48	-1.40	0
7	5	2	12.48	-1.40	0
8	4	1	12.48	-1.40	0
9	7	3	12.48	-1.40	0
10	12	5	12.48	-1.40	0
11	4	8	12.48	-1.40	0
12	2	2	12.48	-1.40	0
13	4	2	12.48	-1.40	0
14	5	1	12.48	-1.40	0
15	6	1	12.48	-1.40	0
16	4	2	12.48	-1.40	0
17	2	2	12.48	-1.40	0
18	2	0	12.48	-1.40	0
19	5	3	12.48	-1.40	0
20	9	4	12.48	-1.40	0
21	5	4	12.48	-1.40	0
22	6	1	12.48	-1.40	0
23	5	1	12.48	-1.40	0
24	9	4	12.48	-1.40	0
Average	5.54	2.61			

Since moving ranges are used to measure variation, we do not care what the sign if the difference might be. Thus, if you get a negative value for a moving range, you change the sign and record a positive value, as in the example above. Moving ranges are always zero or positive.

The upper and lower limits for the individual data (e.g. monthly injury data) are *called Natural Process Limits*. They are centered on the central or average line. The distance from the central line to either of these limits is computed by multiplying the average moving range by a scaling factor of 2.66. The value of 2.66 is a constant for this type of process behavior chart, and is the value required to convert the average moving range into the appropriate amount of spread for the individual values. The *Upper Process Limit* is found by multiplying the average moving range by 2.66, and then adding the product to the central line of the X chart. The *Lower Process Limit* is found by multiplying the average moving range by 2.66, and then subtracting the product from the central line of the X chart.

In the table above, you see the computed upper control limit (UCL) and lower control limit (LCL). Since the injury data is counts of injuries, a negative LCL is meaningless - counts cannot be negative. Therefore, we have a one-sided X chart with a boundary condition on the bottom (zero) and a Natural Process Limit on the top.

The UCL and LCL are usually plotted on the graph as a dashed line and the average is usually a solid line as in the example plot above. The example data's limits define bands of routine variation for the individual injury data. As long as the number of injuries stay between 0 and 12.5, there is no evidence of exceptional variation. The variation here can be explained as pure noise. There is no evidence of any signals. When a process is predictable the Natural Process Limits define what to expect in the future. From the graph above, we should expect this process to continue to produce counts that cluster around 5.5, and vary from 0 to 12.5. Unless something is done to change the system that is producing these injuries, we can predict that this average number of injuries will continue.

Thus the process behavior chart allows you to:

- Characterize a process as predictable or unpredictable
- Identify points that represent exceptional variation

- Predict the average level to expect from a predictable process in the future
- Characterize the amount of routine variation to expect from a predictable process in the future

It must be noted at this point that there are actually three ways to detect assignable causes: points outside the limits (the most common method and the one discussed above), runs near the limits, and runs about the central line.

Three Rules for Detecting Assignable Causes

Detection Rule One: Points Outside the Limits

A single point outside the computed limits will be taken as an indication of the presence of an assignable cause which has a dominant effect.

Detection Rule Two: Runs Near the Limits

Three out of three, or three out of four successive values in the upper (or lower) 25% of the region between the limits will be taken as an indication of the presence of an assignable cause which has a *moderate* but sustained effect.

Detection Rule Three: Runs About the Central Line

Eight successive values on the same side of the central line will be taken as an indication of the presence of an assignable cause which has a *weak* but sustained effect.

Can control chart analysis be applied to other data as well?

The majority of trend data that we collect within the MHMR system is single point or individual data points. For example, daily, weekly, monthly or quarterly data having one data point per point in time. For this reason, the XmR chart is the most appropriate control chart to use. You are encouraged to plot your own local data on a trend line and apply control limits as described above. Simply plotting the data, even without control limits added, can be very enlightening. Of course, the addition of the control limits gives guidance to the type of action that is needed to continuously improve the process under scrutiny. Also, there are other types of control charts to pick from, depending on the data and how it is collected. Please refer to the sources at the end of this paper, or contact Management Data Service in Central Office.

Too often we produce faulty interpretation of numbers. Sometimes, this faulty interpretation can lead to commendations or reprimands. The faulty interpretations, invariably, are a result of the premise that "two numbers which are not the same are different." This concept is simple, straightforward and WRONG. In, fact, it is wrong on several levels. Even if we measure the same thing with precision, we commonly obtain different values. Even in accounting this is true because every accounting figure is dependent upon the assumptions or categorizations that were required for the computation. There is also the problem of measuring something at different points in time. Raw inputs change such as the people doing the work or measurements, the way things are counted, the delays of getting inputs entered into the system and a myriad of other possible factors. In practice, there is a certain amount of variation *over time* in every measure.

Another very important consideration to keep in mind is related to the problem of comparing measures of different things. When different regions are compared using common measures there is the problem of whether or not the measures were collected and computed in the same way. If the assumptions and decisions necessary to collect the raw data and to compute the measures are not all exactly the same, then it is unrealistic to assume that the measures for the different regions are comparable. Even if the two regions performed exactly the same, they would not necessarily get the same values on a given measure. Thus, in practice, there is a certain amount of variation from *place to place* in every measure.

Given these multiple sources of variation in our measures, we should always make a distinction between the numbers themselves and the properties which the numbers represent. Of course, this is precisely what is not done when numbers are used to create rankings. The rank ordering of the values is transferred over to the items represented by those values, regardless of whether or not the items being ranked actually differ. No allowance is made for variation.

Whenever actions are taken based upon the assumption that any numerical difference is a real difference, those actions will ultimately be arbitrary and capricious. This is an inevitable consequence of the fact that the assumption ignores the effects of variation. Variation is random and miscellaneous, and it undermines all simple and naïve

attempts to interpret numbers. And yet our lives are governed by such interpretations of numbers. Any time the value of some measure changes, people are required to identify the source of that change, and then to take steps to keep it from happening again. We hear calls of "What happened?" or similar "accountability" questions, the explanation for "variances", and "tighter" control. The result is man-made chaos. This is why you should always look at how your data varies over time, plot control limits, then make a more informed decision of what action to take or not take. Analysis focuses on "why" there are differences. Descriptive summaries are inadequate. They may be used as part of the analysis, but you cannot interpret the descriptive summaries at face value. Use control charts!

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